

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03294 (8)

1. Corporation Name

FT. LAUDERDALE COMPUTER USERS' GROUP, INC.



Principal Place of Business

Mailing Address

% STEVE MATUS
8461 NW 31ST PLACE
SUNRISE FL 33351-8904

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8461 NW 31ST PLACE
SUNRISE FL 33351-8904

3. Date Incorporated or Qualified
05/25/1984

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0027010

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATUS, STEPHEN
8461 NW 31 PLACE
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MATUS, STEPHEN
STREET ADDRESS 8461 NW 31 PLACE
CITY-ST-ZIP SUNRISE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAW, DAN
STREET ADDRESS 860 N W 116 AVE
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME CONNOLLY, JOHN
STREET ADDRESS 6745 PETUNIA DRIVE
CITY-ST-ZIP MIRAMAR FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TD
3.3 STREET ADDRESS KOCHNEIN, John
3.4 CITY-ST-ZIP 23200 CAMANO DEL MAR #404
BOCA RATON, FL 33433

TITLE D ☒ DELETE
NAME HOWARD, KAYE
STREET ADDRESS 9425 N.W. 11 ST
CITY-ST-ZIP PLANTATION FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DVP
4.3 STREET ADDRESS GOLDSTEIN, ALVAN
4.4 CITY-ST-ZIP 2420 N.W. 110 TERRACE
SUNRISE, FL 33322

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

954-7487287

Day/Time Phone #

CR2E037 (12/95)