

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 # **N16967** (4)

1. Corporation Name

SARASOTA PERSONAL COMPUTER USER'S GROUP INC.



Principal Place of Business

Mailing Address

%BARRY F. SPIVEY
P.O. BOX 15889
SARASOTA FL 34277-8889

%BARRY F. SPIVEY
P.O. BOX 15889
SARASOTA FL 34277-8889

3. Date Incorporated or Qualified
09/24/1986

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2456855

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

SPIVEY, BARRY F.
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34277

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

TITLE PD
NAME RICCI MARK
STREET ADDRESS 4015 BENT TREE BLVD.
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE ~~VP~~
NAME LABASH, VINNY
STREET ADDRESS 3600 COUNTRY PL BLVD
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE TD
NAME KAISER, W M
STREET ADDRESS 1248 NORTHPORT DR
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D
NAME TOLBERT, JUANITA
STREET ADDRESS 4110 TONGA DR
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE ~~SD~~
NAME OWEN, MARTI
STREET ADDRESS 3488 BEEKMAN PL
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE VD
NAME GOLDSTEIN, HERBERT
STREET ADDRESS 889 FORESTVIEW DRIVE
CITY-ST-ZIP SARASOTA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME JDEL NIERENBERG
1.3 STREET ADDRESS 1736 SANDALWOOD DR.
1.4 CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☒ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE SD
6.2 NAME STEPHANIE FISHER-MATHENS
6.3 STREET ADDRESS 5901 HOLLYWOOD BLVD.
6.4 CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☒ Addition

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: W M Kaiser W M KAISER, TREAS. 4/2/96 941-923-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)