

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N16967** (4)  
1. Corporation Name  
**SARASOTA PERSONAL COMPUTER USER'S GROUP INC.**



Principal Place of Business <b>%BARRY F. SPIVEY P.O. BOX 15889 SARASOTA FL 34277-8889</b>	Mailing Address <b>%BARRY F. SPIVEY P.O. BOX 15889 SARASOTA FL 34277-1889</b>
--	--

3. Date Incorporated or Qualified <b>09/24/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2456855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**SPIVEY, BARRY F.  
1549 RINGLING BLVD.  
SUITE 800  
SARASOTA FL 34277**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	VD <b>NIERENBERG, JOEL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <b>HOWLAND, KIM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1736 SANDALWOOD DRIVE</b>	1.2 NAME	<b>4006 CROCKERS LAKE BLVD</b>
STREET ADDRESS	<b>SARASOTA FL</b>	1.3 STREET ADDRESS	<b>SARASOTA, FL 34238</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD <b>LABASH, VINNY</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>3600 COUNTRY PL BLVD</b>	2.2 NAME	
STREET ADDRESS	<b>SARASOTA FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD <b>KAISER, W M</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>1248 NORTHPORT DR</b>	3.2 NAME	
STREET ADDRESS	<b>SARASOTA FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <b>TOLBERT, JUANITA</b> <input type="checkbox"/> DELETE	4.1 TITLE	SD <b>TOLBERT, JUTTA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4110 TONGA DR</b>	4.2 NAME	
STREET ADDRESS	<b>SARASOTA FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD <b>OWEN, MARTI</b> <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3488 BEEKMAN PL</b>	5.2 NAME	
STREET ADDRESS	<b>SARASOTA FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD <b>FISHER-MATTHEWS, STEPHANIE</b> <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5901 HOLLYWOOD BLVD</b>	6.2 NAME	
STREET ADDRESS	<b>SARASOTA FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4/30/97 941-349-2731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084164

CR2E037 (9/96)