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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2456855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **HOWLAND, KIM**
STREET ADDRESS **4008 CROKERS LAKE BOVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE

NAME **LABASH, VINNY**
STREET ADDRESS **3800 COUNTRY PL BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE

NAME **KAISER, W M**
STREET ADDRESS **1248 NORTHPORT DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE

NAME **TOLBERT, JUTTA**
STREET ADDRESS **4110 TONGA DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **OWEN, MARTI**
STREET ADDRESS **3488 BEEKMAN PL**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **FISHER-MATTHEWS, STEPHANIE**
STREET ADDRESS **5901 HOLLYWOOD BLVD**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition

1.2 NAME **Maharry, Paul**
1.3 STREET ADDRESS **2550 Briar Oak Circle**
1.4 CITY-ST-ZIP **Sarasota, FL 34232**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Plutchik, Anita**
4.3 STREET ADDRESS **4505 Deer Creek Blvd.**
4.4 CITY-ST-ZIP **Sarasota, FL 34238**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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**

4/22/98

941-349-2731

CR2E037 (10/97)