


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1997 8:00am
Secretary of State

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

DOCUMENT # N22486 (7)

1. Corporation Name
SYSTEM55 USERS GROUP, INC.

Principal Place of Business 9395 SW 89 ST MIAMI FL 33176 US	Mailing Address 9395 S.W. 89 ST MIAMI FL 33176-1903 US
---	--



2. Principal Place of Business 21 MIAMI HERALD Suite, Apt. #, etc. 22 ONE HERALD PL. City & State 23 MIAMI FL Zip 24 33132 Country 25 USA	2a. Mailing Address 26 2655 PINE TREE DR Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL Zip 29 33140 Country 30 USA	3. Date Incorporated or Qualified 09/15/1987	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-2844102	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FINKEL, KENN 9395 SW 89 STREET MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name Dennis W. Wilhelm 82 Street Address (P.O. Box Number is Not Acceptable) 2655 PINE TREE DR. 83 84 City MIAMI BEACH FL 85 Zip Code 33140
---	--

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 *Dennis W. Wilhelm* DATE **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JIM ALLBRIGHT		1.2 NAME JAMIE BRASWELL	
STREET ADDRESS DENVER POST 1560 BROADWAY		1.3 STREET ADDRESS 750 RIDDER PARK DR	
CITY-ST-ZIP DENVER CO		1.4 CITY-ST-ZIP SAN JOSE CA 95110	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL D. KINERK		2.2 NAME MICHAEL D. KINERK	
STREET ADDRESS 1 HERALD PLAZA		2.3 STREET ADDRESS 1 HERALD PLAZA	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33132-1693	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIM POLLARD		3.2 NAME KIM POLLARD	
STREET ADDRESS TAMPA TRIBUNE P. O. BOX 191		3.3 STREET ADDRESS TAMPA TRIBUNE PO BOX 191	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP TAMPA, FL 33601 N/A	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEVIL GILL		4.2 NAME Diane L. Cohee, Sys & Eng Dept	
STREET ADDRESS 167 CHAMBERSBURG WAY		4.3 STREET ADDRESS Wash. Post	
CITY-ST-ZIP FOLSOM CA		4.4 CITY-ST-ZIP 1150 15th St, N.W. Wash, DC 20071	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRED FAULKNER		5.2 NAME Fred Faulkner	
STREET ADDRESS LAW BULLETIN, 415 N. STATE ST.		5.3 STREET ADDRESS Law Bulletin, 415 N. State St.	
CITY-ST-ZIP CHICAGO, IL 60610-4674		5.4 CITY-ST-ZIP CHICAGO, IL 60610-4674	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 *Michael Kinerk* DATE **APRIL 24, 1997**

CR2E037 (9/96)