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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22554 (2)

1. Corporation Name

AMELIA ISLAND PC USER GROUP, INC.

Principal Place of Business

1636 HIGHLAND STREET
FERNANDIAN BEACH FL 32035
US

Mailing Address

P O BOX 1213
FERNANDINA BEACH FL 32035-1213
US

3. Date Incorporated or Qualified

08/17/1987

3a. Date of Last Report

03/16/1996

4. FEI Number

59-2878950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

PETERSON, RONALD F
1636 HIGHLAND STREET
FERNANDINA BEACH FL 32034

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	P	<input checked="" type="checkbox"/> DELETE
NAME	NORTHUP, KENNETH E	
STREET ADDRESS	713 GEIGER RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COE, ROBERT	
STREET ADDRESS	2439 BONNIE OAKS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERSON, RONALD	
STREET ADDRESS	1636 HIGHLAND STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANK, ANN C	
STREET ADDRESS	1953 LAKESIDE DR.S.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROSSWIMMER, ALAN R	
STREET ADDRESS	2799 PARK SQUAR PLACE EAST	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, CARL	
STREET ADDRESS	1612 ARBOR LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Coe, Robert	
1.3 STREET ADDRESS	2439 Bonnie Oaks	
1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anderson, Barbara	
2.3 STREET ADDRESS	1612 Arbor Lane	
2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Ronald F. Peterson

1/25/97

(904) 261-7435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)