

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28218 (8)
1. Corporation Name
CENTRAL FLORIDA COMPUTER USER'S GROUP, INC.



Principal Place of Business
P.O. BOX 5005
LAKELAND FL 33807

Mailing Address
P.O. BOX 5005
LAKELAND FL 33807

3. Date Incorporated or Qualified 09/01/1988	3a. Date of Last Report 07/25/1995
4. FEI Number 59-2914374	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
CREWS, MERYL
2310 A-Z PARK ROAD
LAKELAND FL 33801

81 Name Wallen, Renee	82 Street Address (P.O. Box Number is Not Acceptable)
83 765 Creative Drive	84 City Lakeland
85 FL	86 Zip Code 33813

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: Renee Wallen, Treasurer
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
Renee Wallen
DATE: 7/22/96

12. OFFICERS AND DIRECTORS	
TITLE	P COKER, MELANIE P O BOX 408 NA LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	V MCCOY, TRACY P O BOX 408 NA LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	S COLLEY, KAREN 4911 CELIA CIRCLE E LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	T CREWS, MERYL P. O. DRAWER 988 N/A LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D SCHIEBEL, RUSSELL 5345 GREAT OAKS DR LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D LUCAS, DAN P. O. BOX 6129 N/A LAKELAND FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	No change
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Colley, Karen
2.3 STREET ADDRESS	4911 Celia Circle
2.4 CITY - ST - ZIP	Lakeland, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Crews, Meryl
3.3 STREET ADDRESS	P O Drawer 988 - NA
3.4 CITY - ST - ZIP	Lakeland, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Wallen, Renee
4.3 STREET ADDRESS	P O Box 7082 N/A
4.4 CITY - ST - ZIP	Lakeland, FL 33802
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	No change
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	No change
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Renee Wallen
Signature and typed or printed name of signing officer or director
Date: 7/22/96
Daytime Phone #: 941-644-5621

7.1 Title D

7.2 Name Steele, Mitzi

7.3 Address 2310 A-2 Park Road

7.4 City-St- zip Lakeland, FL 33801

no change

8.1 Title D

8.2 Name Tracy McCoy

8.3 Address P O Box 408

8.4 City-St- zip Lakeland, FL

change
X