

**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 # N33981 (4)**  
 1. Corporation Name  
**CENTRAL FLORIDA MID-RANGE USERS GROUP, INC.**



Principal Place of Business: **POB 822 ORLANDO FL 32802**  
 Mailing Address: **POB 822 ORLANDO FL 32802**

3. Date Incorporated or Qualified: **08/29/1989**  
 3a. Date of Last Report: **06/14/1995**  
 4. FEI Number: **59-2962337**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

9. Name and Address of Current Registered Agent  
**BUTLER, EDWARD M**  
**7558 SOUTLAND BLVD.**  
**SUITE 100**  
**ORLANDO FL 32809**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): **2809 REVERE CT.**  
 83  
 84 City: **CASSELBERY** FL 85 Zip Code: **32707**

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, and 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: *Edward M. Butler* **EDWARD M. BUTLER** DATE: **7/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	BURROWS, CINDY	1.2 NAME	ROBERT BURTON
STREET ADDRESS	3100 BONNET CREEK RD.	1.3 STREET ADDRESS	380 SO. SIR 436 - SUITE 1000-27A
CITY-ST-ZIP	LAKE BUENA VISTA FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD	2.1 TITLE	VICE PRESIDENT
NAME	REYNOLDS, ROBERT	2.2 NAME	SHERY HILLEY
STREET ADDRESS	460 S BOONE	2.3 STREET ADDRESS	400 SO. ORANGE AVE. CITY HALL COMMONS
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD	3.1 TITLE	
NAME	BUTLER, EDWARD M	3.2 NAME	
STREET ADDRESS	7558 SOUTHLAND BLVD., #100	3.3 STREET ADDRESS	2809 REVERE CT.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	CASSELBERY, FL 32707
TITLE	D	4.1 TITLE	
NAME	GRIFFIN, KIM R	4.2 NAME	
STREET ADDRESS	3100 BONNET CREEK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SECRETARY
NAME		5.2 NAME	BETSY BARNICLE
STREET ADDRESS		5.3 STREET ADDRESS	3430 BISHOP PARK DR. #224
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE		6.1 TITLE	
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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward M. Butler* **EDWARD M. BUTLER** DATE: **7/22/96** DAYTIME PHONE #: **699-5809**

CR2E037 (3/96)