

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**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 32802-0822
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3. Date Incorporated or Qualified <b>08/29/1989</b>	3a. Date of Last Report <b>07/30/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-2962337</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**BUTLER, EDWARD M**  
**2809 REVER COURT**  
**CASSELBERRY FL 32707**

**10. Name and Address of New Registered Agent**  
81 Name **ANTONIO Morelli**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1701 W Carroll ST**  
83  
84 City **Kissimmee** FL 85 Zip Code **34741**

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 *Antonio Morelli* **ANTONIO Morelli** **7/24/97**  
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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BURROWS, CINDY</b>	
STREET ADDRESS <b>3100 BONNET CREEK RD.</b>	
CITY-ST-ZIP <b>LAKE BUENA VISTA FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>REYNOLDS, ROBERT</b>	
STREET ADDRESS <b>400 S BOONE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUTLER, EDWARD M</b>	
STREET ADDRESS <b>2809 REVERE COURT</b>	
CITY-ST-ZIP <b>CASSELBERRY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GRIFFIN, KIM R</b>	
STREET ADDRESS <b>3100 BONNET CREEK RD.</b>	
CITY-ST-ZIP <b>LAKE BUENA VISTA FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>BARNICLE, BETSY</b>	
STREET ADDRESS <b>3430 BISHOP PARK DRIVE #224</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BURTON, ROBERT</b>	
STREET ADDRESS <b>380 SOUTH S/R 436 SUITE 1000-274</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Mason, Sam</b>	
1.3 STREET ADDRESS <b>772 Edgewild CT</b>	
1.4 CITY-ST-ZIP <b>ORANGE CITY, FL</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Berry, Darrell</b>	
2.3 STREET ADDRESS <b>3455 Ave of Americas #1003</b>	
2.4 CITY-ST-ZIP <b>Orlando, FL</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>HILLEY, Sherry</b>	
3.3 STREET ADDRESS <b>400 S. ORANGE AVE</b>	
3.4 CITY-ST-ZIP <b>ORLANDO, FL 32801</b>	
4.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>GRIFFIN, KIM R</b>	
4.3 STREET ADDRESS <b>3100 Bonnet Creek Rd</b>	
4.4 CITY-ST-ZIP <b>Lake Buena Vista, FL</b>	
5.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>BARNICLE, BETSY</b>	
5.3 STREET ADDRESS <b>2944 Plaza Terrene Drive</b>	
5.4 CITY-ST-ZIP <b>Orlando, FL 32803</b>	
6.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>MORELLI, ANTONIO</b>	
6.3 STREET ADDRESS <b>1701 W Carroll ST</b>	
6.4 CITY-ST-ZIP <b>KISSIMMEE FL</b>	

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 *Antonio Morelli* **ANTONIO Morelli** **7/24/97**

CR2E037 (9/96)