SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 19 1998 8:00am

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	1998	A STEEL	DIVISION OF CORPORATIONS		Secretary of State
DOCUMENT # N339		3981	(4)		Secretary of State
CENTRAL FLORIDA MID-RANGE USERS GROUP, INC.					
Principal Plac	ce of Business	N	lalling Address	.	
POB- 022	2825	0	08-892- 38A	a	2 Patricipal Action
ORLANDO FL		6	RLANDO FL 32802	•	3. Date incorporated or Qualified 08/29/1989
					4. FEI Number Applied For
0.0-11-			4.4.10		59-2962337 Not Applicable
21 Principal P	Place of Business Buy .38-	2λ $\begin{bmatrix} 2a \\ 26 \end{bmatrix}$. Malling Address	3822	5. Certificate of Status Desired \$8.75 Additional Fee Regulated
Suite, Apt			Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & Sta	<u></u>	27	City & State		Trust Fund Contribution Added to Fees
23 OPLA		28	ORLANDO	FL	7. Is this nonprofit corporation a homeowners association? Yes No
Zio	Country		Zip 32802	Country	8. This corporation owes or has paid the current year intangible
24 JA	802 25	29		30	Personal Property Tax due June 30. Yes No
	9. Name and Addres	is of Current Regis	stered Agent	81 Name	10. Name and Address of New Registered Agent
MUDEFIL	ANTONIO				KIM K. GRIHIN
MORELLI, ANTONIO 1701 W CARROLL ST 82 Street Addres 3 / 0 0					Address (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34741					or Bounet Groot, L
				84 City	I PEL Zin Code
	·			\/AK	IE BUENA VISTA FL 85 Zip Code 32830
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 817,0503, Florida Statutes.					
SIGNATURE Signatura (typed or printed name of registers/pagent and title if applicable. (NOTE: Registered Agent algenture required when reinstating) DATE					
12.		FICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		DELETE	1.1 TITLE	PCESIDENT Dechange Addition
NAME	MASON, SAM			1.2 NAME	
STREET ADDRESS				1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL			1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	BERRY, DARRELL		DELETE	2.2 NAME	Change Addition
STREET ADDRESS		CAS #1003		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		,	2.4 CITY-ST-ZIP	
TITLE	D		DELETE	3.1 TITLE	BOARD OF SIRECTOR! Change WAddition
NAME	HILLEY, SHERRY			3.2 NAME	JOHNSON, DANIEL H
STREET ADDRESS	400 \$ ORANGE AVE ORLANDO FL			3.3 STREET ADDRESS	JOHNSON, DANIEL H 541 ONE CENTER BLVD, APT 102 ALTAMONTO SPRINGS, FL 32701
CITY-ST-ZIP TITLE	TD TD		C DECEST	3.4 CITY-ST-ZIP	HATAMONIE STRINGS, PL 30/01
NAME	GRIFFIN, KIM R		L DELETE	4.2 NAME	Change Addition
STREET ADDRESS		(RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA I	EL.		4.4 CITY-ST-ZIP	,
TITLE	PD		DELETE	5.1 TITLE	BOARD OF DIRECTOR Change Addition
NAME	BARNICLE, BETSY	F 00		5.2 NAME	BOARD OF DIRECTOR Change Maddition HASSELU, COLLEEN 3100 BOWNET CEEEKRD LAKK BUENA VISTA, FL 32830 Change Addition
STREET ADDRESS	2944 PLAZA TERRAC	E UK		5.3 STREET ADDRESS	100 GONNET CEECH NO
CITY-ST-ZIP TITLE	ORLANDO FL SD	***	Dec. exe	5.4 CITY-ST-ZIP 6.1 TITLE	AHAK OCCONA VISTA, PL SOCOSO
NAME	MORELLI, ANTONIO		DELETE	6.2 NAME	Change Addition
STREET ADDRESS	1701 W CARROLL ST	•		6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL			6.4 CITY-ST-ZIP	
14. I 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.					