

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 08/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).



FILED

99 OCT 21 PM 1:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9/10/99 90007/014 \$70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33981 ✓

1. Corporation Name
 CENTRAL FLORIDA MID-RANGE USERS GROUP, INC.

Principal Place of Business
 P.O. BOX 3822
 ORLANDO FL 32802
 US

Mailing Address
 P.O. BOX 3822
 ORLANDO FL 32802
 US

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/29/1989
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2962337
23. City & State	2c. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	2e. Country	

9. Name and Address of Current Registered Agent GRIFFIN, KIM R 3100 BONNET CREEK RD LAKE BUENA VISTA FL 32830	10. Name and Address of New Registered Agent 81 Name DANIEL H JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable) 541 ONE CENTER BLVD APT 102 83 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701
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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: *Daniel H Johnson* DATE: 9/8/1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: MASON, SAM STREET ADDRESS: 772 EGDEWILD CT CITY-ST-ZIP: ORANGE CITY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: FLUHR, WILLIAM H 1.3 STREET ADDRESS: IBM, 315 E. ROBINSON ST. 1.4 CITY-ST-ZIP: ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BERRY, DARRELL STREET ADDRESS: 3455 AVE OF AMERICAS #1003 CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: S 2.2 NAME: JOHNSON, MATTHEW 2.3 STREET ADDRESS: IBM, 315 E. ROBINSON ST. 2.4 CITY-ST-ZIP: ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BOD NAME: JOHNSON, DANIEL H STREET ADDRESS: 541 ONE CENTER BLVD, #APT 102 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: T 3.2 NAME: JOHNSON, DANIEL H 3.3 STREET ADDRESS: 541 ONE CENTER BLVD #102 3.4 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: GRIFFIN, KIM R STREET ADDRESS: 3100 BONNET CREEK RD CITY-ST-ZIP: LAKE BUENA VISTA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: LS 4.2 NAME: LS 4.3 STREET ADDRESS: LS 4.4 CITY-ST-ZIP: LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BOD NAME: HASSELO, COLLEEN STREET ADDRESS: 3100 BONNET CREEK RD CITY-ST-ZIP: LAKE BUENA VISTA FL 32830	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MORELLI, ANTONIO STREET ADDRESS: 1701 W CARROLL ST CITY-ST-ZIP: KISSIMMEE FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Daniel H Johnson* DATE: 9/8/99 (904) 447-2432

CR2E037 (5/99)

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Central Florida Midrange Users Group
PO Box 3822
Orlando, FL 32802-3822
Tuesday, October 19, 1999

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear sir/madam:

I am requesting that you reinstate the Central Florida Midrange Users Group as a valid Florida non-profit corporation. The information you requested is enclosed. The four officers of CFMUG are also directors as noted on the form.

I am also requesting that you waive any further fees. Our check for \$70.00 was cashed on 9/22/99.

Thank you very much for your assistance.

Please do not hesitate to contact me directly if you require anything further.

Sincerely,



Daniel H. Johnson
Treasurer, CFMUG
Work: (904) 447-2432
Home: (407) 260-2655