


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>W45738</i> 1. Corporation Name <i>Southwest Florida PC Users Group Inc.</i>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 <i>1519 Reynard Drive</i> Suite, Apt. #, etc. 22 <i>#</i> City & State 23 <i>Ft Myers, FL</i> Zip Country 24 <i>33919</i> 25 <i>USA</i>		2a. Mailing Address 26 <i>1519 Reynard Drive</i> Suite, Apt. #, etc. 27 City & State 28 <i>Ft Myers, FL</i> Zip Country 29 <i>33919</i> 30 <i>USA</i>	
3. Date Incorporated or Qualified <i>10/23/91</i>		3a. Date of Last Report <i>4/22/96</i>	
4. FEI Number <i>65-0251284</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <i>L.C. Mennitt</i>		82 Street Address (P.O. Box Number is Not Acceptable) <i>1226 SW 51 ST</i>	
83		84 City <i>CAPE CORAL</i>	
85 Zip Code <i>33914</i>		86	
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 <i>L.C. Mennitt</i>		Date <i>4/29/97</i>	
Signature typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Albert Winchell, D</i>	1.2 NAME	
STREET ADDRESS	<i>1519 Reynard Drive</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Ft Myers, FL 33919</i>	1.4 CITY-ST-ZIP	
TITLE	<i>VP</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Robert Auer, D</i>	2.2 NAME	
STREET ADDRESS	<i>5012 SW 27 Ave</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Cape Coral, FL 33914</i>	2.4 CITY-ST-ZIP	
TITLE	<i>2nd VP</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carol Lindman, D</i>	3.2 NAME	
STREET ADDRESS	<i>1950 Courtney Drive</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Ft Myers, FL 33901</i>	3.4 CITY-ST-ZIP	
TITLE	<i>Treasurer</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>L.C. Mennitt, D</i>	4.2 NAME	
STREET ADDRESS	<i>1226 SW 51 ST</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>CAPE CORAL, FL 33914</i>	4.4 CITY-ST-ZIP	
TITLE	<i>Secretary</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ann Whiting, D</i>	5.2 NAME	
STREET ADDRESS	<i>1840 Maravilla Ave.</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Ft Myers, FL 33901</i>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.		7000002226607 -06/30/97--01120--008 ***70.00	
SIGNATURE: <i>L.C. Mennitt</i>		Date <i>6/24/97</i> Day/Two Phone # <i>941-542-2044</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CP2E037 (9/96)