

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45732 (7)
1. Corporation Name
SOUTHWEST FLORIDA PC USERS GROUP, INC.

Principal Place of Business 1519 REYNARD DRIVE FORT MYERS FL 33919 US	Mailing Address 1519 REYNARD DRIVE FORT MYERS FL 33919 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/23/1991	4. FEI Number 65-0251284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MENNITT, L C
1226 SW 51 ST
CAPE CORAL FL 33914**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD WINCHELL, ALBERT <input type="checkbox"/> DELETE
NAME	1519 REYNARD DRIVE
STREET ADDRESS	FORT MYERS FL 33919
CITY-ST-ZIP	
TITLE	VPD AVER, ROBERT <input checked="" type="checkbox"/> DELETE
NAME	5012 SW 27TH AVE
STREET ADDRESS	CAPE CORAL FL 33914
CITY-ST-ZIP	
TITLE	2VPD LINDMAN, CAROL <input checked="" type="checkbox"/> DELETE
NAME	1950 COURTNEY DRIVE
STREET ADDRESS	FT. MYERS FL 33901
CITY-ST-ZIP	
TITLE	TD MENNITT, L C <input type="checkbox"/> DELETE
NAME	1226 SW 51 ST
STREET ADDRESS	CAPE CORAL FL 33914
CITY-ST-ZIP	
TITLE	SD WHITING, ANN <input checked="" type="checkbox"/> DELETE
NAME	1840 MARAVILLA AVE
STREET ADDRESS	FT MYERS FL 33901
CITY-ST-ZIP	
TITLE	D KENNEALLY, CHARLES <input type="checkbox"/> DELETE
NAME	9200 LITTLETON RD., #47
STREET ADDRESS	N. FT. MYERS FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUDY GRIFFITHS, JUDY
5.3 STREET ADDRESS	1202 3 ST, E
5.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **MENNITT** 3/11/98 941-542-2044

CP2E037 (10/97)