FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N46038

(8)

1. Corporation Name								
PASCO AREA COMPUTER USERS GROUP, INCORPORATED								
11100	o railer com crem coem		AILU			I ROCKION DEL BIOLO GENEL DONCE HILLO	II ala h ala h biak bia	il a nani anan isan
Principal Place of Business Mailing Address						i (abissa an bibid bibi balat titat iti	ti minit ninti ginii dia	ıs minis sırıı imbi
POST OFFICE BOX 1582 POST OFFICE BOX 1582						Date Incorporated or Qualified	· · · · · ·	
DADE CITY FL 33526 DADE CITY FL 33526						11/14/1991		
						4. FEI Number		Applied For
						59-3028238		Not Applicable
2. Principal F	Place of Business	2a. Mailing Address					□ \$8.7	5 Additional
21	- <u>-</u>	26			Continuate of Status Desired		Required	
Suite, Apt.	. #, e lc.	Suite, Apt. #, etc.			6. Election Campaign Financing		May Be	
22 City & Stat	ha	City & State	City & State			Trust Fund Contribution		
23		28			7. Is this nonprofit corporation a homeowners association?			
Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	1		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi	stered Agent	7
			81	Name)			
SAVIO, CHARLES J.			82	Street	Addres	ss (P.O. Box Number is Not Acceptable	3)	
12029 MAJESTIC BLVD.						•	<u> </u>	
SUITE 7			63					
BAYONET POINT FL 34667				City			- 85 Z	ip Code
					,	.,	FL " '	
office or i	registered agent, or both, in the Stat	e of Florida. Such change was	tes, the above authorized by	e-named y the co	o corpoi rporatio	ration submits this statement for the pur n's board of directors. I hereby accept	rpose of changing the appointment	g its registered as registered
agent. I s	ım familiar with, and accept the obli	gations of, Section 617.0503, Fi	orida Statute	5.				
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable. (NO	E: Registered Age	ent sionatus	ne required	when reinstation)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	\$	DELETE 1.		1.1 TITLE			Chang	e Addition
NAME	,		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	DADE CITY FL			ST-ZIP				
TITLE	V V	☐ DELETE	2.1 TITLE				Chang	e 🔲 Addition
NAME	T	WHYBREW, VIRGINIA						
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-Z#P TITLE			2.4 CITY - S	ST-ZIP	 		☐ Chang	8 Addition
NAME	RICHER, MARK		3.2 NAME				டுக்க	
STREET ADDRESS	6105 20TH ST		3.3 STREET	AUDBEGG	f			
CITY-ST-ZIP	ZEPHRYHILLS FL			ST-ZIP				
TITLE	1	☐ DELETE	4.1 TITLE	31-4II	1		Change	e Addition
NAME	LEACH, NORMAN		4. 2 NAME					
STREET ADDRESS	5824 DEAN DAIRY RD		4.3 STREET	ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL	. 4	4.4 CITY - S	T-ZIP				
TITLE	Ō	DELETE	5.1 TITLE		\mathcal{D}		Change	e Addition
NAME	HEINE, LEO	, ,	5.2 NAME		0.0	T. Martin 150 Nission Bell La. 1de City FL 33		
STREET ADDRESS	6206 19TH ST		5.3 STREET ADDRESS		346	50 Nission Bell La.	HE	
CITY-ST-2IP	ZEPHYRHILLS FL		5.4 CHY-S	T-ZIP	Da	decity FL 33.	J.X.Z.	
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	e 🔲 Addition
NAME	BARNARD, VIVIAN		6.2 NAME]			
STREET ADDRESS	11821 FT KING RD		6.3 STREET	ADDRESS	1			
CITY-ST-ZIP	DADE CITY FL		6.4 CITY-S	T-ZIP	<u> </u>			

4. 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 frustee 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.

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FILED

Feb 26 1998 8:00am

Secretary of State

CR2E037 (10/97)