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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46038

1. Corporation Name

PASCO AREA COMPUTER USERS GROUP, INCORPORATED

Principal Place of Business

POST OFFICE BOX 1582
DADE CITY FL 33526

Mailing Address

POST OFFICE BOX 1582
DADE CITY FL 33526



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	3. Date Incorporated or Qualified 11/14/1991 4. FEI Number 59-3028238 Applied For 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
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9. Name and Address of Current Registered Agent

SAVIO, CHARLES J.
12029 MAJESTIC BLVD.
SUITE 7
BAYONET POINT FL 34667

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSER, RUDISCH	1.2 NAME	Whybrew, Virginia
STREET ADDRESS	37439 MERIDIAN AVE	1.3 STREET ADDRESS	37514 Howard Ave
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHYBREW, VIRGINIA	2.2 NAME	RICHARD WHITE
STREET ADDRESS	37514 HOWARD AVE	2.3 STREET ADDRESS	36150 NORTHBROOK AVE
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHER, MARK	3.2 NAME	JANET RIDER-NESS
STREET ADDRESS	6105 20TH ST	3.3 STREET ADDRESS	39048 10th Ave
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEACH, NORMAN	4.2 NAME	C. J. Martin
STREET ADDRESS	5824 DEAN DAIRY RD	4.3 STREET ADDRESS	34650 Mission Bell Lane
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	33525 Dade City FL 33525
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, C J	5.2 NAME	Virginia Stun Kard
STREET ADDRESS	34650 MISSION BELL LN	5.3 STREET ADDRESS	37950 Ashbrook Road
CITY-ST-ZIP	DADE CITY FL 33525	5.4 CITY-ST-ZIP	Dade City, FL 33523
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNARD, VIVIAN	6.2 NAME	MYRON LINFIELD
STREET ADDRESS	11821 FT KING RD	6.3 STREET ADDRESS	35921 HERMOSO LN
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

Date

352-567-7240

Daytime Phone #

-CR2E037 (11/98)