

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46285** (5)

1. Corporation Name

**PAFRIEND USERS GROUP, INC.**



Principal Place of Business

**1640 PICARDY CIR  
1640 PICARDY CIR  
CLEARWATER FL 34615  
US**

Mailing Address

**C/O BRUCE BELNAP  
1640 PICARDY CIR  
CLEARWATER FL 34615  
US**

3. Date Incorporated or Qualified  
**12/03/1991**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1121 Admiral Road**

**26 C/O Bruce Rebeck**

4. FEI Number

**59-3098331**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State  
**Dunedin, FL**

**27**  
City & State  
**Dunedin, FL**

Zip

Country

**24 34698**

**25 US**

Zip

Country

**29 34698**

**30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELNAP, BRUCE  
1640 PICARDY CIR  
CLEARWATER FL 34615**

81 Name

**Bruce Rebeck**

82 Street Address (P.O. Box Number is Not Acceptable)

**1121 Admiral Road**

83

84 City

**Dunedin**

**FL**

85 Zip Code  
**34698**

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 **Bruce Rebeck, President**

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

NOTE: Registered Agent signature required when reinstating

DATE

**6 April 1996**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **BELNAP, BRUCE**  
STREET ADDRESS **1640 PICARDY CIR**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE  
NAME **NICHOLS, RICH**  
STREET ADDRESS **5565 WESTCHESTER BLVD**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DS** ☐ DELETE  
NAME **SIMON, KEITH**  
STREET ADDRESS **7100 ULMERTON RD #2141**  
CITY-ST-ZIP **LARGO FL**

TITLE **DT** ☐ DELETE  
NAME **TROUTMAN, JOHN**  
STREET ADDRESS **1560 49 ST N**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE  
NAME **HARMON, SHARI**  
STREET ADDRESS **1864 NORTHWOOD**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **REBECK, BRUCE**  
1.3 STREET ADDRESS **1121 ADMIRAL ROAD**  
1.4 CITY-ST-ZIP **DUNEDIN, FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **John Troutman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 April 96 813-321-4033**  
Date Daytime Phone #

CR2E037 (12/95)