


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46285 (5)**

1. Corporation Name  
**PAFRIEND USERS GROUP, INC.**

Principal Place of Business <b>1121 ADMIRAL ROAD DUNEDIN FL 34698 US</b>	Mailing Address <b>C/O BRUCE BELNAP 1121 ADMIRAL ROAD DUNEDIN FL 34698-6013 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>12/03/1991</b>	3a. Date of Last Report <b>04/11/1996</b>
4. FEI Number <b>59-3098331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REBECK, BRUCE  
1121 ADMIRAL ROAD  
DUNEDIN FL 34698**

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]* DATE **5 Apr 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REBECK, BRUCE	
STREET ADDRESS	1121 ADMIRAL ROAD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, RICH	
STREET ADDRESS	5505 WESTCHESTER BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, KEITH	
STREET ADDRESS	7100 ULMERTON RD #2141	
CITY-ST-ZIP	LARGO FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TROUTMAN, JOHN	
STREET ADDRESS	1560 49 ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARMON, SHARI	
STREET ADDRESS	1864 NORTHWOOD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV Howard F. Smith
2.3 STREET ADDRESS	9001-106 Ave N
2.4 CITY-ST-ZIP	Largo, FL 34622
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT Templin, Barbara A
3.3 STREET ADDRESS	14340 Passage Way
3.4 CITY-ST-ZIP	Seminole FL 33776
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT Phyllis M. Walklet
4.3 STREET ADDRESS	10246 Tarpon Dr.
4.4 CITY-ST-ZIP	Treasure Island, FL 33706
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D' Joyce Rebeck
5.3 STREET ADDRESS	2174 NOTTINGHAM DR
5.4 CITY-ST-ZIP	CLEARWATER, FL 34624
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 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.

CR2E037 (9/96)