

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90050 044 \*\*\*\*61.25

DOCUMENT # N46285 (5)

1. Corporation Name

PAFRIEND USERS GROUP, INC.

Principal Place of Business

Mailing Address

C/O Bruce Rebeck  
1121 Admiral Road  
Dunedin, FL 34698

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1121 Admiral Road

26 C/O Harold Newnam

12/03/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27 14141 Gulf Blvd.

City & State

59-3098331

Not Applicable

23

Dunedin, FL

28 Maderia Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

24

34698

25

29 33708

30

USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bruce Rebeck  
1121 Admiral Road  
Dunedin, FL 34698

81 Name

Harold Newnam

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

14141 Gulf Blvd.

83

84 City

Madeira Beach

FL

85 Zip Code  
33708

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 Harold Newnam, President

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

(NOTE: Registered Agent signature required when reinstating)

3 Apr 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☒ DELETE

NAME P/D Bruce Rebeck  
STREET ADDRESS 1121 Admiral Road  
CITY-ST-ZIP Dunedin, FL

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Harold Newnam  
1.3 STREET ADDRESS 14141 Gulf Blvd., Madeira Beach, FL 33708  
1.4 CITY-ST-ZIP

TITLE V/D ☐ DELETE

NAME Howard Smith  
STREET ADDRESS 2346 Druid Rd, Lot 1015  
CITY-ST-ZIP Clearwater, FL 33764

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME John Troutman  
2.3 STREET ADDRESS 1560 49th St. N.  
2.4 CITY-ST-ZIP St. Petersburg, FL 33710

TITLE S/D ☐ DELETE

NAME Barbara Templin  
STREET ADDRESS 14340 Passage Way  
CITY-ST-ZIP Seminole, FL 33776

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T/D ☐ DELETE

NAME Phyllis Walklet  
STREET ADDRESS 10246 Tarpon Dr.  
CITY-ST-ZIP Treasure Island, FL 33706

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME Joyce Rebeck  
STREET ADDRESS 2174 Nottingham Dr.,  
CITY-ST-ZIP Clearwater, FL 33764

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Gordon Benson  
5.3 STREET ADDRESS 32 Freshwater Dr.  
5.4 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Newnam

3 Apr 1999

Date

Daytime Phone #

394-9720

CR2E037 (1/98)