

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90113 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46677					
1. Corporation Name MACINTOSH USERS GROUP OF ORLANDO, INC.					
Principal Place of Business 999 DOUGLAS AVENUE SUITE 3333 ALTAMONTE SPRINGS FL 32714-2063			Mailing Address 999 DOUGLAS AVENUE SUITE 3333 ALTAMONTE SPRINGS FL 32714-2063		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/30/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 39- 50-848846 3509403 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SALFI, DOMINICK J. 999 DOUGLAS AVENUE SUITE 3333 ALTAMONTE SPRINGS FL 32714-2063			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BENNETT, ANN				
STREET ADDRESS	3712 FINCH STREET				
CITY-ST-ZIP	ORLANDO FL 32805				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	BEERS, JIM				
STREET ADDRESS	507 BRAMBLEWOOD COURT				
CITY-ST-ZIP	LONGWOOD FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	SHAEFFER, WILLIAM				
STREET ADDRESS	3712 FINCH STREET				
CITY-ST-ZIP	ORLANDO FL 32803				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	AVERILL, JACK E				
STREET ADDRESS	5029 SHELLEY COURT				
CITY-ST-ZIP	ORLANDO FL 32807				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	DAVID SEFTON				
2.3 STREET ADDRESS	805 ARLINGTON BLVD.				
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack E. Averill 3-3-99 407 273-6743
JACK E. AVERILL
Date Daytime Phone #

0013112

CR2E037 (11/98)