Apriled For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N47433**

1. Corporation Name

PALM BEACH MACINTOSH USER GROUP, INC.

Principal Place of Business									
P. O. BOX 21122									
WEST PALM BEACH FL 33416									

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

P.O. BOX 21122

2a. Mailing Address

Suite, Apt. #, etc.

WEST PALM BEACH FL 33416-1122

US

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FILED Apr 25, 1999 8:00 am § Secretary of State

04-25-1999 90010 017 ****61.25 04-25-1999 90010 018 *****8.75

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3. Date Incorporated or Qualifed

02/17/1992

65-0319543

4. FEI Number

Zip Courtry Zip Country 6. Election Campaign Financing S5.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 11. Stander GRIMES, JAMES P 17101 HAYNIE LANE JUPITER FL 33478 82 Street Acidness (P.O. Box Number is Not Acceptable) 76 99 Country Club Bind 76 99 Country Club Bind 83 Street Acidness (P.O. Box Number is Not Acceptable) 76 99 Country Club Bind 84 City Foca Rutts 85 Zip Code 33497-/301 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named ocrporation 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 obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature, typed of phrited in the of registered agent and drife if applicable (NOT :: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TD Change Addition STREET ADDRESS 400 NORTHLAKE CT #101 NAME ELLIS, BRUCE A STREET ADDRESS 400 NORTHLAKE CT #101 NORTH PALM BEACH FL 33408	City & Stat		City & St	ate				5 Cartifactor of Status Desired		\$8.75 A	ditional	
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9. Name and Address of Current Registered Agent 9. Name and Address of Name Registered Agent 10. Name and Address of Name Registered Agent 11. Name		Courtry	Zip		Country	•		6. Election Campaign Financing		\$5.00 t	lay Be	
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	14. I herehir	certify that the information supplied w	ith this filing does	not qualify for the			in Sec	tion 119.07(3)(i), Florida Statutes. I	further ce	tify that the in	ormation	

indicated on this aliment apport or supplemental annual report is the and accurate and had my signature shall have the same legal effect as in fide under dark, 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: 2