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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005533 (4)

1. Corporation Name

BAY AREA MACINTOSH USERS GROUP, INC.



Principal Place of Business

Mailing Address

11753 88TH AVENUE
SEMINOLE FL 34642

11753 88TH AVENUE
SEMINOLE FL 33772-3538

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
08/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1060 NORTH SHORE DR NE

26 1060 NORTH SHORE DR NE

4. FEI Number

APPLIED FOR 59-3394071

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. #1

27 APT. #1

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 ST. PETERSBURG FL

28 ST. PETERSBURG FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33701

25 USA

29 33701

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEND, LONIE
11753 88TH AVENUE
SEMINOLE FL 34642

81 Name

SUE KUBIAK

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

1060 NORTH SHORE DR NE

83 APT. #1

84 City
ST. PETERSBURG

FL

85 Zip Code
33701

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 *Sue Kubiak*

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

(NOTE: Registered Agent signature required when reinstating)

MARCH 9, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HARIAN, RODERICK
STREET ADDRESS 1683 MIDNIGHT PASSWAY
CITY-ST-ZIP CLEARWATER FL 34625

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME HARLAN, RODERICK R.
1.3 STREET ADDRESS 1456 RIDGELANE CIRCLE S
1.4 CITY-ST-ZIP CLEARWATER FL 34615

TITLE VPD ☐ DELETE
NAME PATTERSON, JIM
STREET ADDRESS 14314 OLIVER STREET
CITY-ST-ZIP LARGO FL 34644

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME PROFFITT, PAGE
2.3 STREET ADDRESS 11335 110TH ST.
2.4 CITY-ST-ZIP LARGO FL 33778-3108

TITLE S ☐ DELETE
NAME SEES, CAROL
STREET ADDRESS 3033 LANDMARK BLVD. #802
CITY-ST-ZIP PALM HARBOR FL 34684

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME SHEPPARD, KARI M.
3.3 STREET ADDRESS 1421 18TH AVE N.
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE TD ☐ DELETE
NAME FRIEND, LONIE
STREET ADDRESS 11753 88TH AVENUE
CITY-ST-ZIP SEMINOLE FL 34642

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME KUBIAK, SUE
4.3 STREET ADDRESS 1060 NORTH SHORE DR NE APT. #1
4.4 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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.

SIGNATURE: *Roderick Harlan*

MARCH 9 1997 (813) 461-1537

CR2E037 (9/96)