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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005533 (4)

1. Corporation Name

BAY AREA MACINTOSH USERS GROUP, INC.



Principal Place of Business

Mailing Address

1080 NORTH SHORE DRIVE N.E.
APT 1
ST. PETERSBURG FL 33701
US

1080 NORTH SHORE DRIVE N.E.
APT 1
ST. PETERSBURG FL 33701
US

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

58-3394071

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 Zip

Country

28 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUBIAK, SUE
1080 NORTH SHORE DRIVE N.E.
APT 1
ST. PETERSBURG FL 33701

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARLAN, RODERICK R
STREET ADDRESS 1456 RIDGELANE CIRCLE S.
CITY-ST-ZIP CLEARWATER FL

TITLE VD
NAME PROFFITT, PAGE
STREET ADDRESS 11335 112TH ST
CITY-ST-ZIP LARGO FL

TITLE S
NAME SHEPPARD, KARI M
STREET ADDRESS 1421 18TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD
NAME KUBIAK, SUE
STREET ADDRESS 1080 NORTH SHORE DRIVE N.E., APT 1
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME VERCRUYSE, CURT
1.3 STREET ADDRESS 1505 COOLWATER DR APT N101
1.4 CITY-ST-ZIP TAMPA FL 33603-3008

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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.

SIGNATURE

Curt Vercruyse

MARCH 2 1998 (813) 236-6206

CR2E037 (10/97)