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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000001139 (2)

1. Corporation Name

ST. AUGUSTINE IBM USER GROUP, INC.



Principal Place of Business

1730 HWY A1A SOUTH  
ST AUGUSTINE FL 32084

Mailing Address

PO BOX 4301  
ST AUGUSTINE FL 32085-4301

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1996

3a. Date of Last Report

4. FEI Number

59-3353786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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

BUFFETTA, LOUIS  
524 JEFFREY DRIVE  
ST AUGUSTINE FL 32086

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 P ☐ DELETE  
NAME BUFFETTA, LOUIS  
STREET ADDRESS 524 JEFFREY DR  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE V ☒ DELETE  
NAME GHUNEIM, ELIAS  
STREET ADDRESS 1170 SAN JOSE FOREST DR  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE T ☒ DELETE  
NAME SMITH, WILSON  
STREET ADDRESS 3612 CRAZY HORSE TRAIL  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE D ☒ DELETE  
NAME CURTIS, CHUCK  
STREET ADDRESS 534 ESSEX AVE  
CITY-ST-ZIP MT DORA FL 32757

TITLE D ☒ DELETE  
NAME VAN GHENT, ROGER  
STREET ADDRESS 4005 MOULTRIE FORESIDE DR  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE  
NAME SQUIRE, LARRY  
STREET ADDRESS 1260-B PONCE DELEON BLVD  
CITY-ST-ZIP ST AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME BUFFETTA, LOUIS  
1.3 STREET ADDRESS 524 JEFFREY DR  
1.4 CITY-ST-ZIP ST AUGUSTINE, FL 32086

2.1 TITLE P ☐ Change ☒ Addition  
2.2 NAME S. ROBERT TARRANT  
2.3 STREET ADDRESS 916 ALCALA DR  
2.4 CITY-ST-ZIP ST AUGUSTINE, FL 32086

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME James Paula  
3.3 STREET ADDRESS 4256 WICKS BRANCH RD  
3.4 CITY-ST-ZIP ST AUGUSTINE FL 32086

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME James BODMAN  
4.3 STREET ADDRESS 1595 San Carlos St.  
4.4 CITY-ST-ZIP ST AUGUSTINE FL 32084

5.1 TITLE S ☐ Change ☒ Addition  
5.2 NAME DAVID MILLER  
5.3 STREET ADDRESS 8270 MColee RD  
5.4 CITY-ST-ZIP ST AUGUSTINE FL 32092

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME TIM CHIU  
6.3 STREET ADDRESS 1730 A1A SOUTH  
6.4 CITY-ST-ZIP ST AUGUSTINE FL 32084

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: *S. Robert Tarrant* Robert Tarrant 4/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001448

CR2E037 (9/96)