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 # N9600005915

1. Corporation Name

CITRUS MACINTOSH USERS GROUP, INCORPORATED

Principal Place of Business 17 CYPRESS BOULEVARD WEST HOMOSASSA FL 34446

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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17 CYPRESS BOULEVARD WEST HOMOSASSA FL 34446

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90081 045 ****61.25

95537 - 90081 - 45

3. Date incorporated or Qualifed

5. Certificate of Status Desired

11/15/1996

65-0703634

4. FEI Number

|--|

Applied For

\$8.75 Additional

Fee Required

Not Applicable

! !		28							441104
Zip	Country	Zip		Country	-	6. Election Campaign Financing		\$5.00	May Be
!	25	29	30			Trust Fund Contribution		Added to	> Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	itered Age	ent	
				81	Name		•		
MITCHELL, GAIL					Ct A	dense (D.O. Rey Number in Not Assentable)			
17 CYPRESS BOULEVARD WEST					Street A	ddress (P.O. Box Number is Not Acceptable)			•
				83					
HOMO2A	SSA FL 34446								
				84	City		FI 🏻	85 Zip C	ode
	4. 11	C47 1500 Flam	ide Ctetutes th			orporation submits this statement for the purp	-	nging ite	registered
office or r	egistered agent, or both, in the State of	Florida. Such char	ige was authori	zed by	the corpor	ation's board of directors. I hereby accept the	appointm	ent as reg	jistered
agent. I a	m familial with, and accept the obligation	ns of, Section 617.	0503, Florida S	itatutes.		_	,		
GNATURE	/ fair D. I hite	Lele	GAIL I	6. 11	nich	θε// <u>'</u> <u>'</u>	15/99	}	
	Signature, typed or printed name of registered agent a				t signature req	uired when reinstating)	ATE	NECTO	
·	OFFICERS AND	·		13.		ADDITIONS/CHANGES TO OFFICE			
.E	₩PD	םם	ELETE 1.	.1 TITLE	ŀ		L] Change	☐ Addition
1E	gary, kevin		1.	2 NAME					
EET ADDRESS	40 CYRESS BLVD. WEST		1.	.3 STREET	ADDRESS				
-ST-ZIP	HOMOSASSA FL		1.	4 CITY-ST	Г- Z !P				
	PD		ELETE 2	2.1 TITLE				Change	Addition
te l	HERNANDEZ, RANDY		2.	.2 NAME	ľ				
EET ADDRESS	9830 SOUTH ARABIAN AVE.		2	3 STREET	ADDRESS				<u>.</u> .
ST-ZIP	FLORAL CITY FL		_	. 4 CITY-S	1	•			
51-4/P E	SD			.1 TITLE	1,124			Change	Addition
-	MITCHELL, GAIL B.			2 NAME	}		_	- •	_
-	· · · · · · · · · · · · · · · · · · ·								
EET ADDRESS	17 CYPRESS BLVD. WEST				ADDRESS				
- ST- ZIP	HOMOSASSA FL			4. CITY-S				Change	Addition
E	TD	(38.0	I.	.1 TITLE	ļ	TREASURER - D	La	Cuande	☐ Addidon
	STISE, JEAN		4	. 2 NAME	1	STERN, NORMA	500D	T BLDA	c 34.3B
∴r address	4728 N MAPLEVIEW WAY		4.	3 STREET	ADDRESS	-60x 2017 65 E. MICH	علا رسد	ONAND	OFL
-ST-ZIP	BEVERLY HILLS FL 34465			4 CITY- S1	T-ZIP	SAULE WELL TO THE	3-7 (12	31	<u> </u>
-	AD	∑ €0	ELETE 5	4 TITLE		HEASURER - D STERN, NORMA BOX 2017 (55) E. HARTI ENURALIZATION - 34P HEMBERS XIP CHAIR WAHLERS, JACQUELING 4298 WEST ROCKY LN PENERLY HILS, FL 39	_ G	Change	□ Addition
	ORESCANIN, KATIE		5	2 NAME	}	WAHLERS, JAGQUELING	-		
	5171 S. COVEWOOD TERRACE		5.	3 STREET	ADDRESS	4298 WEST ROCKY LN			
ST ZIP	INVERNESS FL		5.	A CITY-ST	r-ZIP	PENERLY Holls FL 39	1465		
par			ELETE 6	1 TITLE] Change	☐ Addition
			6.	2 NAME					
- (AINHESS			1 6	3 STREET	ADDRESS			•	
				4 CITY-ST					
ST-ZIP	L			.+ OII 1-51	-417	0			

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