


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007206 (2)
 1. Corporation Name
THE CENTER INFORMATION SYSTEM USER GROUP, INC.



Principal Place of Business 390 N ORANGE AVE. STE 1300 ORLANDO FL 32801	Mailing Address 390 N ORANGE AVE. STE 1300 ORLANDO FL 32801
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3. Date Incorporated or Qualified 12/26/1997	
4. FEI Number 59-3486160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

PINO, CESNIE
390 N ORANGE AVE, STE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Chairperson (C/D)
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	Cesnie Pino
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	390 N. Orange Avenue, Suite 1300
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary (S/D)
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	Scott Miller
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	29353 Town Center Loop East
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	Wilsonville, Oregon 97070
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President (V/D)
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	Louis J. Guarnieri
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	300 Westgate Business Center, Suite 130
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	Fishkill, New York 12524
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: Cesnie D. Pino 2/23/98 407-316-4627

CR2E037 (10/97)