

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **485269** (5)

1. Corporation Name
**MULTIPLE LISTING SERVICE OF FORT MYERS BEACH, IN
C.**

Principal Place of Business 1025 SECOND STREET PO BOX 4004 FT MYERS BEACH FL 33932-1004	Mailing Address 1025 SECOND STREET PO BOX 4004 FT MYERS BEACH FL 33932-1004
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/29/1975	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 59-1621769	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ROTH, JOSEPH E
245 SW 43RD TERR
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FROST, JANET 18116 CUTLASS FT. MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE NESBIT, KATHERINE 7700 ESTERO BLVD. A206 FT. MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAISHLEY, BOBBIE 16051 KELLY WOODS DR. FT. MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JORGENSEN, MARILYN 7148 ESTERO BLVD., APT. 230 FT MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, BETTY D 164 CURLEW ST. FT. MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, THOMAS 21461 WIDGEON TERRACE FT. MYERS BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P NESBIT, KATHERINE R 7700 ESTERO BLVD A206 FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PE HAATAJA, JUDY 400 BAYLAND ROAD FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S CROKER, ANGELA 8425 LAGOON ROAD FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T URSOLEO, JAY 9017 LIGON COURT FT MYERS FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D JORGENSEN, MARILYN 7148 ESTERO BLVD FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D FROST, JANET 18116 CUTLASS FT MYERS BCH FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine R. Nesbit* **4/25/95** **813-463-9706**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone #)