


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1975	
21	26	4. FEI Number 59-1621769		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTH, JOSEPH E 8885 COLLEGE PKWY SUITE 305 FT MYERS FL 33919				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PE President-Elect	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUCHSINGER, GAYLE E			1.2 NAME	Trienen, Denise		
STREET ADDRESS	4263 BAY BEACH LANE, #618			1.3 STREET ADDRESS	185 Jefferson St.		
CITY-ST-ZIP	FT MYERS BEACH FL			1.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MACKES, KATHI			2.2 NAME	Price-Parker, Angela		
STREET ADDRESS	2670 ESTERO BLVD			2.3 STREET ADDRESS	21400 Bay Village Dr. #104		
CITY-ST-ZIP	FT MYERS BEACH FL			2.4 CITY-ST-ZIP	Ft Myers Beach, FL 33931		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOPFRENO, CHRISTIAN			3.2 NAME	Barrett, Thomas		
STREET ADDRESS	130 IBIS ST			3.3 STREET ADDRESS	19300 Northbridge Way		
CITY-ST-ZIP	FT MYERS BEACH FL			3.4 CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SABER, JOSEPH			4.2 NAME	Hollman, Alvin J.		
STREET ADDRESS	4430 SE 10TH AVE			4.3 STREET ADDRESS	130 Palermo Circle		
CITY-ST-ZIP	CAPE CORAL FL			4.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAD, TERRY			5.2 NAME			
STREET ADDRESS	22652 ISLAND PINES WA #25			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BEACH FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAHER, CYNTHIA			6.2 NAME			
STREET ADDRESS	PO BOX 2670 NA			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BEACH FL			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **AT CUNNINGHAM** **3/15/98** **941-463-9706**

CFR2E034 (10/97)

MULTIPLE LISTING SERVICE OF FORT MYERS BEACH, INC.
DOCUMENT # 485269
ADDITIONAL DIRECTOR 1998

DIRECTOR

Ann Alsop
8102 Lake San Carlos Circle
Ft. Myers, FL 33912