


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

FILED
Feb 11 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 # 609332 (2)
 1. Corporation Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business 214 SOUTH ALACHUA ST LAKE CITY FL 32025 US	Mailing Address 214 SOUTH ALACHUA ST LAKE CITY FL 32025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 02/08/1979	4. FEI Number 59-1904568	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		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 CHILDS, MARY B. 214 S ALACHUA ST LAKE CITY FL 32055				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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, OLA	1.2 NAME	MASTERS, RONNIE
STREET ADDRESS	RT 3, BOX 173-7	1.3 STREET ADDRESS	ROUTE 13, BOX 1054
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHELMES, ELAINE	2.2 NAME	LEE, MARIE
STREET ADDRESS	P.O. BOX 7248	2.3 STREET ADDRESS	123 E. HOWARD ST
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRAH, KELLIE	3.2 NAME	ROGERS, MARIA
STREET ADDRESS	123 E HOWARD ST	3.3 STREET ADDRESS	1101 W. DUVAL ST.
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORACI, ELAINE	4.2 NAME	MITCHELL, OLA
STREET ADDRESS	ROUTE 14 BOX 801	4.3 STREET ADDRESS	RT 2, BOX 6013
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, SHARON	5.2 NAME	GIEBEIG, LORI
STREET ADDRESS	119 SOUTH OHIO AVENUE	5.3 STREET ADDRESS	4350 US 90 HWY W
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, RONNIE	6.2 NAME	LAWRENCE, BARBARA
STREET ADDRESS	1101 WEST DUVAL STREET	6.3 STREET ADDRESS	1923B S. 1st STREET
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	LAKE CITY, FL 32055

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state of 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.

CR2E034 (10/97)