

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 405667 (7)

1. Corporation Name

NORTH BREVARD MULTIPLE LISTING SERVICE, INC.



Principal Place of Business

Mailing Address

2701 GARDEN ST  
TITUSVILLE FL 32796  
US

2701 GARDEN STREET  
TITUSVILLE FL 32796  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 480

22 City & State

27 Suite, Apt. #, etc.  
28 Sharpes, FL 32959

23 Zip Country

24 32959 25 30 Brevard

9. Name and Address of Current Registered Agent

MESSER, SANDRA  
4795 FAY BLVD  
COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/26/1972

3a. Date of Last Report

04/18/1995

4. FEI Number

59-1414702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 fee (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS        | CITY-ST-ZIP   | DELETE                              |
|-------|----------------------|-----------------------|---------------|-------------------------------------|
| D     | JOHNS, AMRK BRADFORD | 310 CHENEY HWY        | TITUSVILLE FL | <input checked="" type="checkbox"/> |
| PD    | MESSER, SANDRA       | 4795 FAY BLVD         | COCOA FL      | <input type="checkbox"/>            |
| TD    | BECK, TED            | 310 CHENEY HWY        | TITUSVILLE FL | <input type="checkbox"/>            |
| D     | CONNER, PATRICK      | 840 GARDEN STREET     | TITUSVILLE FL | <input type="checkbox"/>            |
| D     | SHAFFNER, PAMELA     | 310 CHENEY HWY        | TITUSVILLE FL | <input type="checkbox"/>            |
| VD    | SOLOMON, SHIRLEY     | 2222 S WASHINGTON AVE | TITUSVILLE FL | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME      | 1.3 STREET ADDRESS     | 1.4 CITY-ST-ZIP      | Change                   | Addition                            |
|-----------|---------------|------------------------|----------------------|--------------------------|-------------------------------------|
| D         | Lorene Shafer | 2001 S. Washington Ave | Titusville, FL 32780 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME      | 2.3 STREET ADDRESS     | 2.4 CITY-ST-ZIP      | Change                   | Addition                            |
| 3.1 TITLE | 3.2 NAME      | 3.3 STREET ADDRESS     | 3.4 CITY-ST-ZIP      | Change                   | Addition                            |
| 4.1 TITLE | 4.2 NAME      | 4.3 STREET ADDRESS     | 4.4 CITY-ST-ZIP      | Change                   | Addition                            |
| 5.1 TITLE | 5.2 NAME      | 5.3 STREET ADDRESS     | 5.4 CITY-ST-ZIP      | Change                   | Addition                            |
| 6.1 TITLE | 6.2 NAME      | 6.3 STREET ADDRESS     | 6.4 CITY-ST-ZIP      | Change                   | 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)