

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: 2701 GARDEN ST, TITUSVILLE FL 32796, US
Mailing Address: 2701 GARDEN STREET, TITUSVILLE FL 32796, US

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 P.O. Box 480; 27 Suite, Apt. #, etc.; 28 Sharpes, Fl 32959; 29 Zip; 30 Brevard

3. Date Incorporated or Qualified: 07/26/1972
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-1414702
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

9. Name and Address of Current Registered Agent: MESSER, SANDRA, 4795 FAY BLVD, COCOA FL 32927

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	JOHNS, AMRK BRADFORD	1.2 NAME	Lorene Shafer
STREET ADDRESS	310 CHENEY HWY	1.3 STREET ADDRESS	2001 S. Washington Ave
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	PD	2.1 TITLE	
NAME	MESSER, SANDRA	2.2 NAME	
STREET ADDRESS	4795 FAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BECK, TED	3.2 NAME	
STREET ADDRESS	310 CHENEY HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CONNER, PATRICK	4.2 NAME	
STREET ADDRESS	840 GARDEN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SHAFFNER, PAMELA	5.2 NAME	
STREET ADDRESS	310 CHENEY HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	SOLOMON, SHIRLEY	6.2 NAME	
STREET ADDRESS	2222 S WASHINGTON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	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: *Sandra J. Messer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 407-631-2128
Date Daytime Phone #

CR2E034 (12/95)