

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 405667 (7)**  
 1. Corporation Name  
**NORTH BREVARD MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business <b>2701 GARDEN ST TITUSVILLE FL 32796 US</b>	Mailing Address <b>115 S LEMON AVE TITUSVILLE FL 32796 US</b>
---	--



DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**07/26/1972**

**4.** FEI Number  
**59-1414702**

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**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 (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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFNER, PAMELA</b>	1.2 NAME	
STREET ADDRESS	<b>310 CHENEY HWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSER, SANDRA</b>	2.2 NAME	
STREET ADDRESS	<b>4795 FAY BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, TED</b>	3.2 NAME	
STREET ADDRESS	<b>310 CHENEY HWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNER, PATRICK</b>	4.2 NAME	
STREET ADDRESS	<b>840 GARDEN STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFNER, PAMELA</b>	5.2 NAME	
STREET ADDRESS	<b>310 CHENEY HWY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, SHIRLEY</b>	6.2 NAME	
STREET ADDRESS	<b>2222 S WASHINGTON AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	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, on an attachment with an address.

SIGNATURE: *Sandra M. Messer* **4/6/98**

CR2E034 (10/97)