

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/29/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, JOSEPH E
245 SW 43RD TERR
CAPE CORAL FL 33914

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 not needed when changing office)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--------|
| TITLE | P | DELETE |
| NAME | MESBIT, KATHERINE | |
| STREET ADDRESS | 7700 STERO BLVD A206 | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | |
| TITLE | PE | DELETE |
| NAME | HAATAJA, JUDY | |
| STREET ADDRESS | 400 BAYLAND RD | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | |
| TITLE | S | DELETE |
| NAME | CROKER, ANGELA | |
| STREET ADDRESS | 8425 LAGOON RD | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | |
| TITLE | T | DELETE |
| NAME | URSOLEO, JAY | |
| STREET ADDRESS | 9017 LIGON CT | |
| CITY-ST-ZIP | FT MYERS BEACH FL | |
| TITLE | D | DELETE |
| NAME | JORGENSEN, MARILYN | |
| STREET ADDRESS | 7148 ESTERO BLVD | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | |
| TITLE | D | DELETE |
| NAME | FROST, JANET | |
| STREET ADDRESS | 18116 CUTLASS | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-------------------------|--------|----------|
| 1.1 TITLE | D | Change | Addition |
| 1.2 NAME | Nesbit, Katherine | | |
| 1.3 STREET ADDRESS | 7700 Estero Blvd. A206 | | |
| 1.4 CITY-ST-ZIP | Ft. Myers Beach, Fl. | | |
| 2.1 TITLE | P | Change | Addition |
| 2.2 NAME | Haataja, Judy | | |
| 2.3 STREET ADDRESS | 400 Bayland Rd. | | |
| 2.4 CITY-ST-ZIP | Ft. Myers Beach, Fl. | | |
| 3.1 TITLE | PE | Change | Addition |
| 3.2 NAME | Croker, Angela | | |
| 3.3 STREET ADDRESS | 8425 Lagoon Rd. | | |
| 3.4 CITY-ST-ZIP | Ft. Myers Beach, Fl. | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | D | Change | Addition |
| 5.2 NAME | Terry Shad | | |
| 5.3 STREET ADDRESS | 4263 Bay Beach Ln., 312 | | |
| 5.4 CITY-ST-ZIP | Ft. Myers Beach, Fl. | | |
| 6.1 TITLE | S | Change | Addition |
| 6.2 NAME | Cynthia, Shafer | | |
| 6.3 STREET ADDRESS | P.O. Box 2670 | | |
| 6.4 CITY-ST-ZIP | Ft. Myers Beach, Fl. | | |

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 if changed, or on an attachment with an address.

SIGNATURE: Cynthia J. Shafer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

941-463-4484

CR2E034 (12/95)