

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

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Feb 10 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 # 506608 (9)
1. Corporation Name
CAPE CORAL MULTIPLE LISTING SERVICE, INC.

Principal Place of Business
918 SE 46TH LANE
CAPE CORAL FL 33904-8844

Mailing Address
918 SE 46TH LANE
CAPE CORAL FL 33904-8844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1976	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1713156	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. 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		10. Name and Address of New Registered Agent	
MASON, KAREN M. 918 SE 46TH LANE CAPE CORAL FL 33904		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 Karen M. Mason Executive Vice Pres. DATE 1-28-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LETENDRE, GLORIA G 802 SE 47TH TERRACE CAPE CORAL FL	1.1 TITLE	PD ELLISON, WILLIAM 3523 DEL PRADO BLVD. CAPE CORAL, FL 33904
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PED LETENDRE, GLORIA 802 SE 47TH TERRACE CAPE CORAL FL	2.1 TITLE	TD HARRINGTON, JOHN 2503 DEL PRADO BLVD. #500 CAPE CORAL, FL 33904
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HARRINGTON, JOHN 2503 DEL PRADO BLVD #500 CAPE CORAL FL	3.1 TITLE	D LETENDRE, GLORIA G. 802 SE 47TH TERRACE CAPE CORAL, FL 33904
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SORENSEN, CATHY 1105-C CAPE CORAL PKWY CAPE CORAL FL	4.1 TITLE	PED GLORIA TATE 4812 CAPE CORAL STREET CAPE CORAL, FL 33904
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SORENSEN, CATHY 1105-C CAPE CORAL PKWY CAPE CORAL FL	5.1 TITLE	SD BERNICE BRADEN 4818 CAPE CORAL STREET CAPE CORAL, FL 33904
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D EMBROLI, MARY MARGARET 1505 SE 40TH STREET SUITE C CAPE CORAL FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address

SIGNATURE: Karen M. Mason Karen M. Mason 1-28-98 941-542-6209

CR2E034 (10/97)