

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587413 (6)

1. Corporation Name
M.L.S. OF BONITA SPRINGS, INC.

Principal Place of Business Mailing Address
27324 FELTS STREET 27324 FELTS STREET
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/25/1978 3a. Date of Last Report 04/12/1994

2. Principal Place of Business 22. Mailing Address
21 27313 OLD 41 ROAD SE 26 27313 OLD 41 ROAD SE

Suite, Apt. #, etc. Suite, Apt. #, etc.

23. City & State 27. City & State
23 BONITA SPRINGS 27 BONITA SPRINGS, FL

24. Zip 25. Country 28. Zip 29. Country
24 33923 25 USA 28 33923 29 USA

4. FEI Number 59-1874712 Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOJAK, AMBER, I
4171 BONITA BEACH RD S.W.
BONITA SPRINGS FL 33923

81 Name JOHN D. SPEAR
82 Street Address (P.O. Box Number is Not Acceptable) SUNSHINE PROFESSIONAL PLAZA
83 9200 BONITA BEACH ROAD
84 City BONITA SPRINGS FL 85 Zip Code 33923

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 *John D. Spear*

4/19/95

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PAST PRESIDENT
NAME BRODERSEN, THOMAS
STREET ADDRESS 4575 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS FL

1.1 TITLE TREASURER Change Addition
1.2 NAME MARY LOU WITSKEN
1.3 STREET ADDRESS 4061 BONITA BEACH ROAD, #109
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

TITLE S. PRESIDENT ELECT
NAME ROACH, DOROTHY
STREET ADDRESS 9040 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS FL

2.1 TITLE PRESIDENT Change Addition
2.2 NAME ANDREW P. DESALVO
2.3 STREET ADDRESS 9040 BONITA BEACH ROAD
2.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

TITLE J
NAME FAULKS, JACK
STREET ADDRESS 3940 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS FL

3.1 TITLE HANK HOCHSTETLER DIRECTOR Change Addition
3.2 NAME 3940 BONITA BEACH ROAD
3.3 STREET ADDRESS BONITA SPRINGS, FL 33923
3.4 CITY-ST-ZIP

TITLE D
NAME MOUNTAIN, DUANE
STREET ADDRESS 27340 OLD 41 RD
CITY-ST-ZIP BONITA SPRINGS FL

4.1 TITLE DIRECTOR Change Addition
4.2 NAME JANET ALLEN
4.3 STREET ADDRESS 3451 BONITA BAY BLVD. #202
4.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

TITLE D
NAME DE ANGELIS, NANCY K
STREET ADDRESS 4094 BONITA BEACH RD, STE 200
CITY-ST-ZIP BONITA SPRINGS FL

5.1 TITLE DIRECTOR Change Addition
5.2 NAME VICKEE DOULGAS
5.3 STREET ADDRESS 9040 BONITA BEACH ROAD
5.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

TITLE D SECRETARY
NAME EDWARDS, KATHY
STREET ADDRESS 3900 LAKEMONT DR
CITY-ST-ZIP BONITA SPRINGS FL

6.1 TITLE DIRECTOR Change Addition
6.2 NAME PEGGY ZIADIE
6.3 STREET ADDRESS 4575 BONITA BEACH ROAD
6.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

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 110.07(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 addition.

SIGNATURE: *Mary Lou Witsken, Treasurer* 4-18-95 992-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #