

\$165.

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **587413**

(6)

1. Corporation Name

**M.L.S. OF BONITA SPRINGS, INC.**

Principal Place of Business

Mailing Address

**27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 33923  
US**

**27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 34135-5410  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1978</b>	3a. Date of Last Report <b>02/15/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEL Number <b>59-1874712</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEAR, JOHN D  
SUNSHINE PROFESSIONAL PLAZA  
9200 BONITA BEACH, ROAD  
BONITA SPRINGS FL 34135**

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOCHSTETLER, HENRY</b>	
STREET ADDRESS	<b>3940 BONITA BEACH ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PLATH, MARILYN</b>	
STREET ADDRESS	<b>25010 CYPRESS HOLLOW 102</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ZANT, EDWARD</b>	
STREET ADDRESS	<b>9040 BONITA BEACH ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURDICK, DAN</b>	
STREET ADDRESS	<b>3870 BONITA BEACH ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, VICKEE</b>	
STREET ADDRESS	<b>9040 BONITA BEACH ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WITSKEN, MARY LOU</b>	
STREET ADDRESS	<b>4081 BONITA BEACH ROAD, SUITE 109</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rod F. Mease</b>	
1.3 STREET ADDRESS	<b>3960 Dia Del Rey</b>	
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Charlotte Katz</b>	
2.3 STREET ADDRESS	<b>3870 Bonita Beach Rd.</b>	
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Harriet Harnar</b>	
6.3 STREET ADDRESS	<b>3451 Bonita Bay Blvd. #202</b>	
6.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	

14. I do 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: *[Signature]*

4-17-97 9926221

CR2E034 (9/96)