

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

**FILED**

**Apr 17 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
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**DOCUMENT # 587413 (6)**

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



Principal Place of Business <b>27313 OLD 41 ROAD SE BONITA SPRINGS FL 33923 US</b>	Mailing Address <b>27313 OLD 41 ROAD SE BONITA SPRINGS FL 33923 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1978</b>	
21	22	26	27	4. FEI Number <b>59-1874712</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SPEAR, JOHN D SUNSHINE PROFESSIONAL PLAZA 9200 BONITA BEACH, ROAD BONITA SPRINGS FL 34135</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 Edward R. Zant Truman EDWARD R. ZANT  
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		1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MEASE, ROD F.</b>			1.2 NAME	<b>BILL HOPMANN</b>		
STREET ADDRESS	<b>3960 DI DEL REY</b>			1.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>P.E./D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KATZ, CHARLOTTE</b>			2.2 NAME	<b>JOHN MITCHELL</b>		
STREET ADDRESS	<b>3870 BONITA BCH RD.</b>			2.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZANT, EDWARD</b>			3.2 NAME			
STREET ADDRESS	<b>9040 BONITA BEACH ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BURDICK, DAN</b>			4.2 NAME	<b>GAIL CARLINE</b>		
STREET ADDRESS	<b>3870 BONITA BEACH ROAD</b>			4.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			4.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>E-VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DOUGLAS, VICKEE</b>			5.2 NAME	<b>LINDA LANG</b>		
STREET ADDRESS	<b>9040 BONITA BEACH ROAD</b>			5.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			5.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HARNAR, HARRIET</b>			6.2 NAME	<b>MAR/LOU WITSKEN</b>		
STREET ADDRESS	<b>3451 BONITA BAY BLVD #202</b>			6.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>			6.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>		

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: Edward R. Zant 4/17/98 907-49077

CP2E034 (10/97)