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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90246 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 587413**

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

Principal Place of Business 27313 OLD 41 ROAD SE BONITA SPRINGS FL 33923 US	Mailing Address 27313 OLD 41 ROAD SE BONITA SPRINGS FL 33923 US
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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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1874712</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SPEAR, JOHN D**  
**SUNSHINE PROFESSIONAL PLAZA**  
**9200 BONITA BEACH, ROAD**  
**BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>POD</b>	1.1 TITLE	<b>D</b>
NAME	<b>HOPMANN, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>27313 OLD 41 RD SE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PE</b>	2.1 TITLE	<b>POD</b>
NAME	<b>MITCHELL, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>27313 OLD 41 RD. SE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<b>PE/D</b>
NAME	<b>ZANT, EDWARD</b>	3.2 NAME	<b>ZANT, EDWARD</b>
STREET ADDRESS	<b>9040 BONITA BEACH ROAD</b>	3.3 STREET ADDRESS	<b>27313 Old 41 Rd. SE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
TITLE	<b>SD</b>	4.1 TITLE	<b>SD</b>
NAME	<b>CARLINE, GAIL</b>	4.2 NAME	<b>Cheryl Stancil</b>
STREET ADDRESS	<b>27313 OLD 41 RD S.E.</b>	4.3 STREET ADDRESS	<b>27313 Old 41 Rd SE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	4.4 CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>
TITLE	<b>EVP</b>	5.1 TITLE	<b>EVP</b>
NAME	<b>LANG, LINDA</b>	5.2 NAME	<b>Elaine Hamilton</b>
STREET ADDRESS	<b>27313 OLD 41 RD S.E.</b>	5.3 STREET ADDRESS	<b>27313 Old 41 Rd SE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	5.4 CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>
TITLE	<b>D</b>	6.1 TITLE	<b>T/D</b>
NAME	<b>WITSKEN, MARYLOU</b>	6.2 NAME	<b>Jim Beaker</b>
STREET ADDRESS	<b>27313 OLD 41 RD S.E.</b>	6.3 STREET ADDRESS	<b>27313 Old 41 Rd SE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</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, with all other like empowered.

SIGNATURE: John Mitchell 1/5/99  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)