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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 692288 (4)

1. Corporation Name  
ESTATE MANAGEMENT SERVICES, INC.

Principal Place of Business  
2371 W. FIRST STREET  
P. O. BOX 7440  
FT. MYERS FL 33911

Mailing Address  
2371 W. FIRST STREET  
P. O. BOX 7440  
FT. MYERS FL 33911-7440

3. Date Incorporated or Qualified 06/26/1981  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2113182		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				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		30		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

MILLER, EVE S  
6140 SEQUOIA DRIVE  
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name	KAREN L. MILLER		
82 Street Address (P.O. Box Number is Not Acceptable)	17520 TAYLOR RD		
83			
84 City	ALVA	85 Zip Code	FL 33926

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 L. Miller* KAREN L. MILLER 4/8/97  
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EVE S.	1.2 NAME	
STREET ADDRESS	6140 SEQUOIA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KAREN L.	2.2 NAME	
STREET ADDRESS	17520 TAYLOR RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALVA FL	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITE, RONALD H.	3.2 NAME	
STREET ADDRESS	849 LINNAEN TERRACE NW	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Karen L. Miller* KAREN L. MILLER 4/8/97 941 337-5656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)