


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719352** (7)
1. Corporation Name
FORT MYERS ASSOCIATION OF REALTORS, INC.



Principal Place of Business 2840 WINKLER AVENUE FT MYERS FL 33916	Mailing Address 2840 WINKLER AVENUE FT MYERS FL 33916-8302
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3. Date Incorporated or Qualified 09/21/1970	3a. Date of Last Report 06/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0787936	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RILEY, BETTE K. 2840 WINKLER AVENUE FT. MYERS. FL 33916	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, SANDE	1.2 NAME	RITA MC NEIL
STREET ADDRESS	8841 COLLEGE PKWY, STE 107	1.3 STREET ADDRESS	7500-1 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ROBERT	2.2 NAME	ELIZABETH PAUL
STREET ADDRESS	1520-160 ROYAL PALM SP. BLVD.	2.3 STREET ADDRESS	13131 UNIVERSITY DRIVE
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, BARI	3.2 NAME	
STREET ADDRESS	1456 PERIWINKLE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHAN, BRAD	4.2 NAME	DAVID COLE
STREET ADDRESS	2223 MCGREGOR BLVD	4.3 STREET ADDRESS	13131 UNIVERSITY DR.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BEAVER, RANDALL	5.2 NAME	
STREET ADDRESS	1705 COLONIAL BLVD, #A1	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	EO <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RILEY, BETTE K.	6.2 NAME	
STREET ADDRESS	2840 WINKLER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bette K. Riley* **BETTE K. RILEY** 4/30/97 941-936-3537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)