

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # F94000001104 (8)

1. Corporation Name

REALTY INFO LINE OF FLORIDA, INC.

95 MAY - 1 AM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
38W344 BURR OAK LANE ST CHARLES IL 60175 **38W344 BURR OAK LANE ST CHARLES IL 60175**

3. Date Incorporated or Qualified **03/07/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **36-3931475** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip 25 Country 29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTEY, KENDRICK
1351 SE CORAL REEF, BOX 8028
PT ST LUCIE FL 34985-8028**

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERBERG, DONOVAN	1.2 NAME	
STREET ADDRESS	38W344 BURR OAK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST CHARLES IL 60175	1.4 CITY - ST - ZIP	
TITLE	PC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEY, KENRICK A	2.2 NAME	
STREET ADDRESS	1351 SE CORAL REEF ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE FL 34985	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, FRED A	3.2 NAME	
STREET ADDRESS	W7898 HIGH RIDGE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORK ATKINSON WI 53538	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBERG, JAMES C	4.2 NAME	
STREET ADDRESS	3300 N. LAKE SHORE DR., #11A	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60657	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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]* 4-27-95
Date