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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State

DIVISION OF CORPORATIONS

1996	Divisio	N OF C
DOCUMENT #	F94000001104	(8)

REALTY INFO LINE OF FLORIDA, INC.

THE STATE OF TEORIOM, INC.						
Principal Place of Business						
Tribipal Flace of Business	Mailing Address					
38W344 BURR OAK LANE ST CHARLES IL 60175	38W344 BURR OAK LANE ST CHARLES IL 60175					



ST CHARLES IL 60175									
2 Principal 6	Place of Business					3. Date Incorporated or Qualified 03/07/1994	3a. Date of 05/0	Last Report)1/1995	
21	riace of Business	2a. Mailing Address				4. FEI Number	- 	Applied For	
Suite, Apt	#. etc	26				36-3931475		Not Applicable	
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	[] \$	8.75 Additional Fee Required	
23 City & Stai	City & State City & State 28					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip	Country	Zip	Co	untry	·	This corporation has liability for it		Added to Fees	
24	25	29	30			Florida Statutes Yes		ider's 199.032,	
	9. Name and Address of Current	Registered Agent		I.		10. Name and Address of New R	egistered Age	nl	
EQTEV	, Kendrick			81	Name				
1251 0	SE CORAL REEF, BOX 8028			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
PT ST	LUCIE FL 34985-8028				34	Russ (M.C. Edwindows No. 1907)			
'''	LOOIE FE 34900-0020			83			110.10		
				84	City	The latest and the la	8		
11. Pursuant	to the provisions of Sections 607,0502 a red agent, or both, in the State of Florida	nd 607.1508, Florida Statute	s, the ab	Ll	amed corner	ration submits this statement for the au-	<u> FL</u>	<u> </u>	
familiar wi	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	. Such change was authorize 1607.0505. Florida Stalutes	d by the	согра	oration's boar	rd of directors. I hereby accept the appo	intment as regi:	ig its registered office stered agent. I am	
SIGNATURE									
12.	Signature, typod or printed name of registered agent are OFFICERS AND I	Hitle if applicable. (NOT		i Agenr	Signature require	d when renstating)	DATE		
TITLE	VDC	T DELETE	13.	LITE E	-	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12	
NAME	AKERBERG, DONOVAN	L. OLCETE	1.11				☐ Ch	ange 🔲 Addition	
STREET ADDRESS	38W344 BURR OAK LANE		1,2 N						
CITY - ST - ZIP	ST CHARLES IL 60175				ADDRESS				
TITLE	PC	☐ DELETE	2.11	ITY-ST	- 712				
NAME -	ESTEY, KENRICK A	2.1	221				☐ Ch	ange 🔲 Addition	
STREET ADDRESS	1351 SE CORAL REEF ST.				DDRESS				
CITY-ST-ZIP	PT ST LUCIE FL 34985			1Y-S1					
TITLE	DV	DELETE	3 1 7				[] Ch	2000	
NAME	ROSE, FRED A		3.2 N/	AM E			[_] (11)	ange 🔲 Addition	
STREET ADDRESS	W7898 HIGH RIDGE RD.		3.3. S	REFT A	ADDRESS				
CHY-ST-ZIP	FORK ATKINSON WI 53538		3.4 CI	?Y-S1-	712				
TITLE	STD	DELETE	4. 1 T	ILE			Cha	ange [] Addition	
NAME	WEISBERG, JAMES C		42 NA	ME			L	- is- [] 700011011	
STREET ADDRESS	3300 N. LAKE SHORE DR., #1 CHICAGO IL 60657	7A	43.51	REET A	DORESS			ł	
CITY-ST-ZIP TITLE	CHICAGO IL 80857		4.4 CI	Y-ST-	ZIP				
NAME		DELETE	5 1 TI				☐ Cha	inge Addition	
STREET ADDRESS			5.2 NA						
CITY-ST-ZIP			5.3 ST	REET AC	DORESS			ĺ	
TITLE		The cre		Y-\$1-	712				
NAME	<i>√</i>	[] DELETE	6. 1]!!		1		☐ Cha	nge Addition	
STREET ADDRESS	11 Can (al)a	(1) \ n.	6 2 NA					1	
CITY-ST-ZIP	18 60 17 6 11 11 11 11 11 11 11 11 11 11 11 11 1	$\#_{\mathcal{A}}$		REET AD				}	
14. I do hereby	ceres the life value supplied with	the filing is voluntary consist		Y-SY-	——— 				

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 appears in Block 12 or Block 13 if changed or on an attachytent wife an understand that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed or on an attachytent wife an understand that my name

SIGNATURE: X

4/29/96 768 S84-6836

CR2E034 (12/95)