

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 20 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 # F94000001104 (8)**  
 1. Corporation Name  
**REALTY-INFO LINE OF FLORIDA, INC.**



Principal Place of Business: **98W344 BURR OAK LANE ST CHARLES IL 60175**  
 Mailing Address: **38W344 BURR OAK LANE ST CHARLES IL 60175-6101**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>36-3931475</b>	Applied For 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 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		10. Name and Address of New Registered Agent			
<b>ESTEY, KENDRICK 1351 SE CORAL REEF, BOX 8028 PT ST LUCIE FL 34985-8028</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	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 \_\_\_\_\_ (Signature, typed or printed name, of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKERBERG, DONOVAN</b>	1.2 NAME	
STREET ADDRESS	<b>38W344 BURR OAK LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST CHARLES IL 60175</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTEY, KENRICK A</b>	2.2 NAME	
STREET ADDRESS	<b>1351 SE CORAL REEF ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL 34985</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, FRED A</b>	3.2 NAME	
STREET ADDRESS	<b>W7898 HIGH RIDGE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORK ATKINSON WI 53538</b>	3.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISBERG, JAMES C</b>	4.2 NAME	
STREET ADDRESS	<b>3300 N. LAKE SHORE DR., #11A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60657</b>	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 addres.

SIGNATURE: *X [Signature]* **4-14-97**

CR2E034 (9/96)