

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

3. Date Incorporated or Qualified **03/07/1994** **3a. Date of Last Report** **05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **26** **27** **28** **29** **30**

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

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

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

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

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

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 _____ **DATE** _____
Signature, typed or printed name, of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	AKERBERG, DONOVAN	
STREET ADDRESS	38W344 BURR OAK LANE	
CITY-ST-ZIP	ST CHARLES IL 60175	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	ESTEY, KENRICK A	
STREET ADDRESS	1351 SE CORAL REEF ST.	
CITY-ST-ZIP	PT ST LUCIE FL 34985	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROSE, FRED A	
STREET ADDRESS	W7898 HIGH RIDGE RD.	
CITY-ST-ZIP	FORK ATKINSON WI 53538	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEISBERG, JAMES C	
STREET ADDRESS	3300 N. LAKE SHORE DR., #11A	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)