

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

FILED

Apr 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F99230 (7)**  
 1. Corporation Name  
**SANIBEL & CAPTIVA ISLANDS MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business <b>695 TARPON BAY RD 10 SANIBEL FL 33957</b>	Mailing Address <b>695 TARPON BAY RD 10 SANIBEL FL 33957-3135</b>
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1982</b>	3a. Date of Last Report <b>04/29/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2301841</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for inkingible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WINER, STEVEN I.</b> <b>ONE UNIVERSITY PARK #600</b> <b>12800 UNIVERSITY DRIVE</b> <b>FT. MYERS FL 33907</b>		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	M
NAME	BUCHANAN, DENISE A	1.2 NAME	BRAY, WANDA BROWN BRAY
STREET ADDRESS	695 TARPON BAY RD. #10	1.3 STREET ADDRESS	695 TARPON BAY RD #10
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	P	2.1 TITLE	T/D
NAME	SAMLER, JACK	2.2 NAME	
STREET ADDRESS	695 TARPON BAY ROAD #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	VP/D
NAME	LAPI, ANGELINE	3.2 NAME	Everly, Susan
STREET ADDRESS	695 TARPON BAY ROAD #10	3.3 STREET ADDRESS	695 TARPON BAY Rd #10
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VP	4.1 TITLE	D
NAME	BAILEY, MARY LOU	4.2 NAME	
STREET ADDRESS	695 TARPON BAY ROAD #10	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	S/D
NAME	SCHULDENFREI, DAVID L	5.2 NAME	BELL, KAREN
STREET ADDRESS	395 TARPON BAY ROAD #10	5.3 STREET ADDRESS	695 Tarpom Bay Rd, #10
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	TD	6.1 TITLE	P/D
NAME	SMITH, JOHN	6.2 NAME	
STREET ADDRESS	695 TARPON BAY ROAD #10	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Wanda Brown Bray* (WANDA BROWN BRAY) 4/16/97 94477-0353

CR2E034 (9/96)