

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H40820 (3)  
1. Corporation Name  
ENGLEWOOD AREA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business Mailing Address  
3952 MCCALL ROAD 3952 MCCALL RD.  
ENGLEWOOD FL 34224-8657 ENGLEWOOD FL 34224-8657  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/01/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-2499835	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GUNDEARSON, MIKO  
1881 PLACIDA RD  
STE 204  
ENGLEWOOD FL 34223

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATSY	1.2 NAME	
STREET ADDRESS	3952 MCCALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGE, CLAUDIA	2.2 NAME	
STREET ADDRESS	3952 MCCALL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATCHISON, TOM	3.2 NAME	John Kaff
STREET ADDRESS	3952 MCCALL RD	3.3 STREET ADDRESS	1927 Beach Rd.
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood Fl. 34223
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLMAN, ROGER	4.2 NAME	
STREET ADDRESS	3952 MCCALL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMEWOOD, KATHY	5.2 NAME	
STREET ADDRESS	3952 MCCALL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, JEAN	6.2 NAME	
STREET ADDRESS	3952 MCCALL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

14. I 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

*Roger A. Stillman*

*Print 24 1998*

CR2E034 (10/97)