FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M83708 (1)

1. Corporation Name
MULTIPLE LISTING SERVICE OF FORT MYERS ASSOCIATI ON OF REALTORS, INC.

Principal Place of Business	Mailing Address
2940 WINKLER AVENUE FT. MYERS FL 33916	2940 WINKLER AVENUE FT. MYERS FL 33916

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2809897 ☐ 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	10. Name and Address of New Registered Agent
RILEY, BETTE K. 2840 WINKLER AVENUE FT. MYERS FL 33916	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~	1.1 TITLE	*TD*	☒ Change ☐ Addition
NAME	BEAVER, RANDALL	1.2 NAME		
STREET ADDRESS	1705 COLONIAL BLVD A-1	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 09	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	*S*	☐ Change ☒ Addition
NAME	~~O'SULLIVAN, NIEL~~	2.2 NAME	*SANDE ELLIS*	
STREET ADDRESS	~~P.O. BOX 907 N/A~~	2.3 STREET ADDRESS	*8841 COLLEGE PKWY., STE. 107*	
CITY-ST-ZIP	~~LEHIGH ACRES FL~~	2.4 CITY-ST-ZIP	*FORT MYERS, FLORIDA 33919*	
TITLE	~~TD~~	3.1 TITLE	*PD (ELECT)*	☐ Change ☒ Addition
NAME	~~VAN DYKE, WALLY~~	3.2 NAME	*BARI FISCHER*	
STREET ADDRESS	~~11000 FAIRWAY LAKES DR~~	3.3 STREET ADDRESS	*1456 PERIWINKLE WAY*	
CITY-ST-ZIP	~~FT MYERS FL~~	3.4 CITY-ST-ZIP	*SANIBEL, FL 33957*	
TITLE	P	4.1 TITLE	*V*	☐ Change ☐ Addition
NAME	COHAN, BRAD	4.2 NAME		
STREET ADDRESS	7270-4 COLLEGE PARKWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☒ Change ☐ Addition
NAME	ASPM MARSHA	5.2 NAME	*ASP MARSHA*	
STREET ADDRESS	13831 VECTOR AVE #105	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33905	5.4 CITY-ST-ZIP		
TITLE	EO	6.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, BETTE K.	6.2 NAME		
STREET ADDRESS	2840 WINKLER AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bette K. Riley April 20, 1995 931-3537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0334040 CP