FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M83708** **(1)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2840 WINKLER AVENUE **FT. MYERS FL 33916**	**2840 WINKLER AVENUE** **FT. MYERS FL 33916**

3. Date Incorporated or Qualified: **06/03/1988**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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

RILEY, BETTE K.
2840 WINKLER AVENUE
FT. MYERS FL 33916

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 607.1506, 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's signature required when name(s) changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	president elect	☒ 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		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	director	☒ Change ☐ Addition
NAME	ELLIS, SANDE		2.2 NAME		
STREET ADDRESS	8841 COLLEGE PKWY., STE 107		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	president	☒ Change ☐ Addition
NAME	FISCHER, BARI		3.2 NAME		
STREET ADDRESS	1456 PERIWINKLE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	director	☒ 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	☐ DELETE	5.1 TITLE	vice president	☒ Change ☐ Addition
NAME	ASP MARSHA		5.2 NAME		
STREET ADDRESS	13831 VECTOR AVE #105		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33905		5.4 CITY-ST-ZIP		
TITLE	EO	☐ DELETE	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		

CR2E034 (12/95)

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 — May 15, 1996 — 941-936-3537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #