

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M83708** (1)
1. Corporation Name
**MULTIPLE LISTING SERVICE OF FORT MYERS ASSOCIATI
ON OF REALTORS, INC.**



Principal Place of Business 2840 WINKLER AVENUE FT. MYERS FL 33916		Mailing Address 2840 WINKLER AVENUE FT. MYERS FL 33916-9302	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 06/03/1988		3a. Date of Last Report 05/21/1996	
4. FEI Number 59-2809897		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
85 Zip Code		FL	

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	PE BEAVER, RANDALL 1705 COLONIAL BLVD A-1 FT MYERS FL	1.1 TITLE	DIRECTOR
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ELLIS, SANDE 8841 COLLEGE PKWY., STE 107 FT. MYERS FL	2.1 TITLE	VP
NAME		2.2 NAME	MAGGIE MORRIS
STREET ADDRESS		2.3 STREET ADDRESS	7500-1 COLLEGE PARKWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE	P FISCHER, BARI 1456 PERIWINKLE WAY SANIBEL FL	3.1 TITLE	DIRECTOR
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D COHAN, BRAD 7270-4 COLLEGE PARKWAY FT. MYERS FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP ASP MARSHA 13831 VECTOR AVE #105 FT. MYERS, FL 33905	5.1 TITLE	P
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	EO RILEY, BETTE K. 2840 WINKLER AVENUE FT. MYERS, FL 33916	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Bette K. Riley* **BETTE K. RILEY E.O. 1/30/97** 941-936-3537

CR2E034 (9/96)