


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

FILED
Apr 22 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 # **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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 3. Date Incorporated or Qualified 06/03/1988 | |
| 4. FEI Number 59-2809897 | | Applied For <input type="checkbox"/> 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"/> | | 7. \$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 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 Linda Lang | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2840 Winkler Ave. | |
| 83 | |
| 84 City Fort Myers | 85 Zip Code FL 33916 |

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

Linda Lang
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/98

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------------|--|--|---|----------------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BEAVER, RANDALL | | | 1.2 NAME | Jim Woodard | | |
| STREET ADDRESS | 1705 COLONIAL BLVD A-1 | | | 1.3 STREET ADDRESS | 4120 Cleveland Ave. Ste A | | |
| CITY-ST-ZIP | FT MYERS FL | | | 1.4 CITY-ST-ZIP | Fort Myers, Fl. 33901 | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 2.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORRIS, MAGGIE | | | 2.2 NAME | | | |
| STREET ADDRESS | 7500-1 COLLEGE PKWY | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. MYERS FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FISCHER, BARI | | | 3.2 NAME | Mel King | | |
| STREET ADDRESS | 1456 PERIWINKLE WAY | | | 3.3 STREET ADDRESS | 1936 Grace Ave | | |
| CITY-ST-ZIP | SANIBEL FL | | | 3.4 CITY-ST-ZIP | Fort Myers, Fl. 33901 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 | P | <input type="checkbox"/> DELETE | | 5.1 TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> DELETE | | 6.1 TITLE | Executive Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | RILEY, BETTE K. | | | 6.2 NAME | Linda Lang | | |
| STREET ADDRESS | 2840 WINKLER AVENUE | | | 6.3 STREET ADDRESS | 2840 Winkler Ave. | | |
| CITY-ST-ZIP | FT. MYERS, FL 33916 | | | 6.4 CITY-ST-ZIP | Fort Myers, Fl. 33916 | | |

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.

CR2E034 (10/97)