


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13862					
1. Corporation Name FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIALIST OF RESIDENTIAL SALES COUNCIL OF RNMI, INCORP					
Principal Place of Business FLORIDA CRS CHAPTER P.O. BOX 720370 ORLANDO FL 32872-0370 US			Mailing Address FLORIDA CRS CHAPTER P.O. BOX 720370 ORLANDO FL 32872-0370 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/17/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2360743	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCNEIL, RITA B 13831 VECTOR AVE STE 105 FT MYERS FL 33907				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FORT WALTON BEACH FL			
				85 Zip Code			
				32548			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: RICHARD HICKENBOTHAM DATE: 4/21/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	MCNEIL, RITA B	1.2 NAME	RICHARD HICKENBOTHAM
STREET ADDRESS	13831 VECTOR AVE, STE 105	1.3 STREET ADDRESS	139 WALTON DRIVE
CITY-STATE-ZIP	FT MYERS FL 33907	1.4 CITY-STATE-ZIP	FORT WALTON BEACH FL 32548
TITLE	VD	2.1 TITLE	V/D
NAME	HICKENBOTHAM, DICK	2.2 NAME	WILLIAM H GRAFE JR
STREET ADDRESS	139 WALTON DRIVE	2.3 STREET ADDRESS	101 BRIDGE ROAD
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	2.4 CITY-STATE-ZIP	TEQUESTA FL 33469
TITLE	TD	3.1 TITLE	T/D
NAME	GRAFE, WILLIAM H JR.	3.2 NAME	VICTORIA HARMAN
STREET ADDRESS	101 BRIDGE ROAD	3.3 STREET ADDRESS	382 WEST STATE ROAD 434
CITY-STATE-ZIP	TEQUESTA FL 33469	3.4 CITY-STATE-ZIP	LONGWOOD FL 32750-5116
TITLE	SD	4.1 TITLE	S/D
NAME	GORMAN, GREG	4.2 NAME	SHARYN ROSE
STREET ADDRESS	3411 TAMiami TRAIL NORTH	4.3 STREET ADDRESS	248 PIAZZA DI LUNA
CITY-STATE-ZIP	NAPLES FL 34103	4.4 CITY-STATE-ZIP	VENICE FL 34285
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HICKENBOTHAM DATE: 4/21/99 (850) 301-0623

(NOTE: Signature required for all filings)

CR2E037 (11/98)