2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000067287

1. Entity Name
M.L.S. REALTY OF CHICAGO, INC.

Principal Place of Business	Mailing Address
1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442	1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1120457

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ECKERT, CHARLES S
1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ECKERT, SCOTT A
STREET ADDRESS	1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DVPS
NAME	ECKERT, CHARLES S
STREET ADDRESS	1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	AS
NAME	ECKERT, SIBYL M
STREET ADDRESS	1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	AT
NAME	ECKERT, PATRICIA A
STREET ADDRESS	1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	ECKERT, TRACY
STREET ADDRESS	1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80056-011 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Eckert 2/10/04 (954) 771-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #