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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059057 (8)

ELECTRONIC LISTING SYSTEMS, INC.

FILED Jun 04 1998 8:00am Secretary of State



•	12								
Principal Place of Business Mailing Address						i instinde din ininc dirit datit antit antit natit		11111 1891 1681	
213 HARRISON TITUSVILLE FL			213 HARRISON STREET TITUSVILLE FL 32780			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 08/23/1993			
2 Principal Pl	ace of Business	2a. Mailing Addr	055			4. FEI Number		Applied For	
21		} - - ¬	26			59-3200069	— —	Not Applicable	
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State		City & State	n í			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	k ' k ' k		Соцг	ntry		8. This corporation owes or has paid the			
24			30	Personal Property Tax due June 30. No 10. Name and Address of New Registered Agent			[] No		
9, Name and Address of Current Registered Agent 81 Na									
	K, R W				Name				
213 HARRISON STREET TITUSVILLE FL 32780				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		į	
1110	JSVILLE FL 32/80		 	83					
ý				_					
•				84	City	F		ip Code	
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 Stonature type-Ling pointed harms of the jetter compositioner to it copyleable (NOTE: Registered Agent signature (equirod when rehistating) DATE									
	Signature, type for pointed harve of telps	den diagnost and title it dipple able BS AND DIRECTORS	(NOTE: Registered	l Agen	I signature required	when reliistating) DATI ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
12.	D	MS AND THIT CHORS		LE		ADDITIONS/CHANGES TO OFFICE ITS	Chang		
NAME	KIRK, ROBERT W	_	1.2 NA						
STREET ADDRESS	213 HARRISON STREET	T	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL		1.4 00	Y- \$1	- ZIP		•		
TITLE	PSV	DI	DELFTE 21TI				Chang	ge 🔲 Addition	
NAME	BENSON, DONALD A.		2.2 N						
STREET ADDRESS	2654 CHERRYWOOD L	ane	2.3 \$1	REET #	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CI		I - ZIP				
TITLE		[DI					L. Chang	ge 🔝 Addition	
NAME			3.2 NA						
STREET ADDRESS					ADDRESS			!	
CITY-ST-ZIP			3.4. CI		1 - ZIP		Chang	se Addition	
TITLE			4.2 N					,	
NAME			i i		ADDRESS				
STREET AODRESS City-St-Zip			4401						
TITLE		DI					Chang	ge 🔲 Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET #	ADDRESS				
CITY-ST-ZIP			5.4 CII	1Y- <u>S</u> T	- ZIP				
TITLE		D	LETE 6.1 TIT	'L E			Chan	ge 🔲 Addition	
NAME			6.2 NA	ME				j	
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CI	1Y-S1	- ZIP				

ng does not gralify of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustoce emprovement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this indicated on this annual report or suppliemental any officer or director of the corporation or the received or Block 12 or Block 13 if changed or on an attachnish