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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000063393 (1)**

1. Corporation Name
CENTRAL FLORIDA REAL ESTATE INFORMATION SERVICE, INC.

Principal Place of Business	Mailing Address
621 EAST CENTRAL BLVD. ORLANDO FL 32802	621 EAST CENTRAL BLVD. ORLANDO FL 32801-2916

3. Date Incorporated or Qualified: 11/01/1993	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3201224	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

GREATER ORLANDO ASSOCIATION OF REALTORS
621 EAST CENTRAL BLVD.
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RYLANDS, BARBARA		12 NAME		
STREET ADDRESS	4207 CURRY FORD ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP		
TITLE	C	☒ DELETE	21 TITLE	President	☐ Change ☒ Addition
NAME	CARNES, BARRY		22 NAME	Jack Meeks	
STREET ADDRESS	382 WEST SR 434		23 STREET ADDRESS	460 E. Semoran Blvd.	
CITY-ST-ZIP	LONGWOOD FL		24 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VC	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	ACKER, RON		32 NAME	Max Sabet	
STREET ADDRESS	950 NORTH ORLANDO AVE., SUITE 150		33 STREET ADDRESS	4063 N. Goldenrod Rd #208	
CITY-ST-ZIP	WINTER PARK FL		34 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	HEATH, NED		42 NAME	Jerry Guinn	
STREET ADDRESS	625 E. COLONIAL DR.		43 STREET ADDRESS	211 E. Colonial Dr.	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	Orlando, FL 32881	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HUSKEY, BUDGE		52 NAME		
STREET ADDRESS	1000 WEKIVA SPRINGS ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	WETNIGHT, PAT		62 NAME		
STREET ADDRESS	190 E. MORSE BLVD		63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 32789		64 CITY-ST-ZIP		

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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: