

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90017 009 ***150.00

DOCUMENT # P93000063393

1. Corporation Name

CENTRAL FLORIDA REAL ESTATE INFORMATION SERVICE,
INC.



Principal Place of Business

621 EAST CENTRAL BLVD.
ORLANDO FL 32802

Mailing Address

621 EAST CENTRAL BLVD.
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

2. Principal Place of Business

2a. Mailing Address

21

26 200 S. Orange Avenue

4. FEI Number

59-3201224

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

24

25

29

32801

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

A.G.C. Co.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue

83

Suite 2300

84

City

Orlando

FL

85

Zip Code

32801

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family member of the corporation's board of directors. Section 607.0505, Florida Statutes.

Richard T. Fulton

5/15/99

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RYLANDS, BARBARA
4207 CURRY FORD ROAD
ORLANDO FL

DELETE

P TITLE NAME STREET ADDRESS CITY-ST-ZIP

MEEKS, JACK
460 E. SEMORAN BLVD.
CASSELBERRY FL 32707

DELETE

D TITLE NAME STREET ADDRESS CITY-ST-ZIP

SABET, MAX
4063 N. GOLDENROD RD., #208
WINTER PARK FL 32792

DELETE

D TITLE NAME STREET ADDRESS CITY-ST-ZIP

GUINN, JERRY
211 E. COLONIAL DR.
ORLANDO FL 32881

DELETE

D TITLE NAME STREET ADDRESS CITY-ST-ZIP

HUSKEY, BUDGE
1000 WEKIVA SPRINGS ROAD
LONGWOOD FL

DELETE

DELETE

DELETE

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 registered agent or a person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Section 13 if changed or upon attachment with an address, with all other like empowered.

SIGN
HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/99 4074225143

CR2E034 (11/98)