


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000014712 (0) 1. Corporation Name BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.					
Principal Place of Business 1450 SARNO ROAD MELBOURNE FL 32935-5299			Mailing Address 1450 SARNO ROAD MELBOURNE FL 32935-5299		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/20/1995	
4. FEI Number 59-3354434		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Date of Annual Meeting			
9. Name and Address of Current Registered Agent WILSON, SAMUEL H. 1450 SARNO ROAD MELBOURNE FL 32935				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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

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	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SAMUEL H	1.2 NAME	
STREET ADDRESS	1450 SARNO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935-5299	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLING, GEORGE T	2.2 NAME	P Collins, Eugene James, Jr.
STREET ADDRESS	249 POINICANA DRIVE	2.3 STREET ADDRESS	1010 Sunswept Road, N.E.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	Palm Bay FL 32905
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, ALICE S	3.2 NAME	
STREET ADDRESS	5920 SOUTH HWY A1A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISEY, JACK D	4.2 NAME	
STREET ADDRESS	105 NORTH PALM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUBUCHON, JUDY C	5.2 NAME	Bray, Gale Susan
STREET ADDRESS	1097 S. PATRICK DRIVE	5.3 STREET ADDRESS	1331 South Harbor City Blvd.
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, JAMES M	6.2 NAME	
STREET ADDRESS	10 SOUTH HORBOR CITY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Samuel H. Wilson**

1/13/98

407/242-2211

CR2E034 (10/97)