

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 28 1997 8:00am
Secretary of State

DOCUMENT # H38075 (8)

1. Corporation Name:

RE/MAX ASSOCIATES, INC.



Principal Place of Business

537 DELTONA BLVD STE 101
DELTONA FL 32725

Mailing Address

537 DELTONA BLVD STE 101
DELTONA FL 32725-8070

3. Date Incorporated or Qualified

01/15/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2496838

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

9. Name and Address of Current Registered Agent

LAWRENCE, JAMES H.
537 DELTONA BV 101
DELTONA FL 32725

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P
LAWRENCE, JAMES H.
88 DAHLIA DR
DEBARY FL

TITLE NAME ☐ DELETE

VP
LAWRENCE, CAROLYN B.
88 DAHLIA DR
DEBARY FL

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☒ Change ☐ Addition

P
LAWRENCE, JAMES H
66 DAHLIA DR

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☒ Change ☐ Addition

66 DAHLIA DR

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP ☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP ☐ Change ☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

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:

J. Lawrence
J. H. LAWRENCE

3/25/97

407-574-3339

CR2E034 (9/96)