

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90182 012 \*\*\*150.00

DOCUMENT # F05576

1. Corporation Name

RE/MAX OF WEST PALM BEACH, INC.



Principal Place of Business

6901 OKEECHOBEE BLVD  
D7  
WEST PALM BEACH FL 33411  
US

Mailing Address

6901 OKEECHOBEE BLVD.  
D7  
WEST PALM BEACH FL 33411  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1980

4. FEI Number

59-2038452

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 13191 LALIQUE CT

2a. Mailing Address

26 13191 LALIQUE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BCH GARDENS FL

City & State

28 PALM BCH GARDENS FL

Zip

24 33410

Country

25 US

Zip

29 33410

Country

30 US

9. Name and Address of Current Registered Agent

ASSEF, RONALD  
6901 OKEECHOBEE BLVD. #D-7  
LAKE POINT CENTRE  
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name RONALD ASSEF  
82 Street Address (P.O. Box Number is Not Acceptable)  
13191 LALIQUE CT  
83  
84 City PALM BCH GARDENS FL 85 Zip Code 33410

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 PTD  
STREET ADDRESS ASSEF, RONALD  
CITY-ST-ZIP 13191 LALIQUE CRT.  
PALM BEACH GRDNS. FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 561-627-4378  
Date Daytime Phone #

CR2E034 (1/98)