

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 629920 (0)

1. Corporation Name

RE/MAX PROFESSIONALS, INC.



Principal Place of Business

5127 N.W. 39TH AVENUE
GAINESVILLE FL 32606
US

Mailing Address

5127 N.W. 39TH AVENUE
GAINESVILLE FL 32606
US

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

3. Date Incorporated or Qualified

07/18/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1926855

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

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 607.0602 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, DIANA CLAY
STREET ADDRESS 5127 N.W. 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE ST
NAME CLAY, ELEANOR
STREET ADDRESS 5127 N.W. 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE V
NAME MITCHELL, ROBERT A
STREET ADDRESS 5127 NW 39TH AVE.
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE V
NAME MISNER, JEAN P
STREET ADDRESS 5127 NW 39TH AVE.
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE V
NAME LYONS, JENNIE A
STREET ADDRESS 5127 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE V
NAME LARSON, IRENE
STREET ADDRESS 5127 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 352-375-1002

CR2E034 (12/95)