CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 JUL 25 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G64782 (7)

1. Corporation Name
RE/MAX JUPITER - TEQUESTA, INC.

Mailing Address	Principal Place of Business
711 W.INDIANTOWN RD.,#A1	711 W.INDIANTOWN RD.,#A1
JUPITER FL 33458-7591	JUPITER FL 33458-7591

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/12/1983**
3a. Date of Last Report: **08/06/1993**
4. FEI Number: **59-2336257** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASSEFF, ELIZABETH A. **18191 LA LIQUE COURT** **PALM BCH GARDENS FL 33410**	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D/S	11 TITLE	
12 NAME	ASSEF, BETTY	12 NAME	
13 STREET ADDRESS	13191 LALIQUE COURT	13 STREET ADDRESS	
14 CITY-ST-ZIP	PALM BCH GARDENS FL 33410	14 CITY ST ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Asseff 7-18-94 407-744 5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER
Betty Asseff