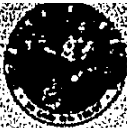


**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
JOHN STANLEY
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
**711 W. INDIANTOWN RD. #A1
JUPITER FL 33458-7591**

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

DO NOT WRITE IN THIS SPACE

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

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

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**ASSEFF, ELIZABETH A.
18191 LA LIQUE COURT
PALM BCH GARDENS FL 33410**

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 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

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

(If 301 Registered Agent signature required when name changes)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	P/D/S ASSEFF, BETTY 13181 LALIQUE COURT PALM BCH GARDENS FL 33410	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	DP7

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(1)(b), 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 member 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty ASSEFF

7-18-94

407-744 5556