

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 3:49

DOCUMENT # H29728 (3)

1. Corporation Name

REMAX ENTERPRISES INCORPORATED

Principal Place of Business

**2400 NW 39TH AVE.
MIAMI FL 33142**

Mailing Address

**2400 NW 39TH AVE.
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1984

3a. Date of Last Report

02/03/1994

2. Principal Place of Business

2a. Mailing Address

4. FET Number

59-2540647

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under the
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREAKSPEARS, GILLIAN LORD P
9150 SW 87 AVE SUITE 213
MIAMI FL 33176**

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 of a person named as registered agent of the corporation)

(Signature of a person named as registered agent of the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MORIN, RICHARD
STREET ADDRESS	14382 SW 97 LANE
CITY, ST, ZIP	MIAMI FL
TITLE	VST
NAME	MORIN, BERNADETTE M.
STREET ADDRESS	14382 SW 97 LANE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. TITLE		☐ Change ☐ Addition
15. NAME		
16. STREET ADDRESS		
17. CITY, ST, ZIP		
18. TITLE		☐ Change ☐ Addition
19. NAME		
20. STREET ADDRESS		
21. CITY, ST, ZIP		
22. TITLE		☐ Change ☐ Addition
23. NAME		
24. STREET ADDRESS		
25. CITY, ST, ZIP		
26. TITLE		☐ Change ☐ Addition
27. NAME		
28. STREET ADDRESS		
29. CITY, ST, ZIP		
30. TITLE		☐ Change ☐ Addition
31. NAME		
32. STREET ADDRESS		
33. CITY, ST, ZIP		
34. TITLE		☐ Change ☐ Addition
35. NAME		
36. STREET ADDRESS		
37. CITY, ST, ZIP		
38. TITLE		☐ Change ☐ Addition
39. NAME		
40. STREET ADDRESS		
41. CITY, ST, ZIP		

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 607.0504, 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 it makes 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: X

B. Morin

BERNADETTE MORIN

X 02/21

95X 87-8570

SIGNATURE AND TYPED OR PRINTED NAME OF MORING OFFICER OR DIRECTOR