

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # J13211
1. Corporation Name

RE/MAX CAROLINA INC

Principal Place of Business 2170 SR 434 W STE 330 LONGWOOD FL 32779	Mailing Address 2170 SR 434 W STE 330 LONGWOOD FL 32779
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 5/7/1986	
24		28		4. FEI Number 58-1715930	
25		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEEKIN JR., JAMES F.
215 N EOLA DRIVE
ORLANDO FL 32802

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

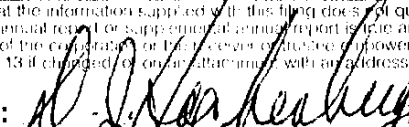
11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 person making change or registered agent (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	HACHENBERGER, DONALD J	12 NAME	
STREET ADDRESS	2170 SR 434 W STE 330	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	HACHENBERGER, GLENDA A.	22 NAME	
STREET ADDRESS	2170 SR 434 W STE 330	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MCWATER, ROBERT R	32 NAME	
STREET ADDRESS	2170 SR 434 W STE 330	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MCCAIN, ELAINE A	42 NAME	
STREET ADDRESS	2170 SR 434 W STE 330	43 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 person or persons authorized 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:  DONALD J. HACHENBERGER

407-869-7664

CR2E034 (10/97)