

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

**APPROVED  
AND  
FILED**

**95 APR 28 AM 8:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**800001472638  
-05/03/95--01034--003  
\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 12/22/1989 3a. Date of Last Report 06/16/1994**

**4. FEI Number 59-2888018 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 § 199.022, Florida Statutes  Yes  No**

**DOCUMENT # L39251 (8)**

**1. Corporation Name  
LUCKENBACH & ASSOCIATES, INC.**

**\*TRADE NAME RE/MAX ASSURED**

**Principal Place of Business Mailing Address  
C/O BARON R. LUCKENBACH C/O BARON R. LUCKENBACH  
407 LAKE HOWELL ROAD 407 LAKE HOWELL ROAD  
MAITLAND FL 32751 MAITLAND FL 32751**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc 26 Suite, Apt. #, etc**

**22 City & State 27 City & State**

**23 Zip 25 Country 29 Zip 30 Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LUCKENBACH, BARON R.  
407 LAKE HOWELL ROAD  
MAITLAND FL 32751**

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

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

NOTE: Registered Agent signature required when reinstating

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE POS  
NAME LUCKENBACH, BARON R.  
STREET ADDRESS 407 LAKE HOWELL ROAD  
CITY - ST - ZIP MAITLAND FL**

**11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP**

**TITLE  
NAME LUCKENBACH, BARON R.  
STREET ADDRESS 407 LAKE HOWELL ROAD  
CITY - ST - ZIP MAITLAND FL**

**21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP**

**TITLE  
NAME LUCKENBACH, BEVERLY G.  
STREET ADDRESS 407 LAKE HOWELL RD.  
CITY - ST - ZIP MAITLAND, FL 32751**

**31 TITLE VP  Change  Addition  
32 NAME S/T  
33 STREET ADDRESS  
34 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(d), 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, as appropriate, or on an attachment with an address.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/95 407-657-8600**