

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091914 (9)

1. Corporation Name

RE/MAX ACR GROUP, INC.



Principal Place of Business

6909 BEACH BLVD
HUDSON FL 34667

Mailing Address

6909 BEACH BLVD
HUDSON FL 34667

3. Date Incorporated or Qualified
01/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 2401 West Bay Dr.

Suite, Apt. #, etc.

22

City & State

23 Largo, FL

Zip

24 34640

Country

25 U.S.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

9. Name and Address of Current Registered Agent

PAXTON, JAMES N
6909 BEACH BLVD
HUDSON FL 34667

4. FEI Number

59-3288520

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 s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 607.0507 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 or persons authorized to register agent and the applicable fee)

(Signature of Registered Agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D ARDOLINO, JOHN
6909 BEACH BLVD.
HUDSON FL 34667

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D BARNETT, BEVERLY
6909 BEACH BLVD.
HUDSON FL 34667

☐ DELETE

D PAXTON, JAMES N
6909 BEACH BLVD.
HUDSON FL 34667

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

(813) 863-2524

Date

Daytime Phone #

CR2E034 (12/95)