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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000091914 (9)

REMAX ACR GROUP, INC.

Principal Place of Business

Mailing Address

6909 BEACH BLVD
HUDON EL 34687.1935

**FILED** 

May 14 1997 8:00am

Secretary of State

2401 WEST BAY DR LARGO FL 34640				6909 BEACH BLVD HUDSON FL 34667-1935											
1 US									3. Date Incorporate 01/02/1995	d or Qualified	od <b>3a.</b> Date of Last Report <b>01/30/1996</b>				
2. Principal Place of Business 2a. Mailing Address										4. FEI Number			- L	App	lied For
21 2501 West Bay Dr.					26 2501 West Bay Dr.					59-3288520				Not	Applicable
Suite, Apt. ₩, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired 38.75 Additional					
22				27						5. Certificate of State	ua Dealled		Fe	e Rec	uired
City & State				City & State					6. Election Campaign Financing \$5.00 May Be						
23 Largo, FL				28 Largo, FL						Trust Fund Contr					Fees
Zip Country				Zip Country					<b>8.</b> This corporation				lers.	199.032,	
24 33770 25 USA					29 33770   30   USA					Florida Statutes					
PAXION, JAMES N									C						
								Stree	et Addre	ess (P.O. Box Number i	s Not Acceptab	le)			
HUDSON FL 34667								J							
							83	'							
							84	City					85	Zip C	ode
								<u></u>				<u>FL</u>	_L_L		
11. Pursuant i	to the provision	ons of Sect ant, or both	ions 607 0502 a ∟in the State of	nd 60 Florid	07.1508, Florida Stat da: Such change wa:	lutes, the s authori:	abov ed həv	ve-namo	ed corpo	pration submits this state	ement for the p	urpose of	changi pinimen	ng its t as r	registered egistered
agent. I a	m <b>lam</b> iliar wil	h, and acc	ept the obligatio	ns of	, Section 607,0505,	Florida S	tatute	S.	<b></b>	o to potted or embolished	1 110/00/ 00002	i the appr	3111011101	.,	ogiotoroo
SIGNATURE															
	Signature, typed o		of registered agent a					ent signat	are roquire	d when reinstating)		DATE			
12.	D	0	FFICERS AND D	IHE.C	TORS DELETE	13			15	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND	DIREC Cha		
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NAME	PAXTON,					i i	NAME								
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NAME						6.2	NAME								
STREET ADDRESS						6.3	STREE	T ADDRES	s						
CITY-ST-ZIP			4			64	CITY-	ST-7 <sub>P</sub>							

4. I do hereby certify that the information supplied with this filing door not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual 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 ecceiver or tylistic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or not an attachment with an address.

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UY LINEY TAMES SWEETIN 4/30 /97813-584-8481