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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000091914

1. Corporation Name

| HE/MAX ACR GROUP, INC. | UP, INC. | | | | |
|---------------------------------------|---------------------------------------|--|--|--|--|
| | | | | | |
| Principal Place of Business | Mailing Address | | | | |
| 2501 W BAY DR LARGO FL 33770 US | 2501 W BAY DR LARGO FL 33770 US | | | | |
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FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90055 047 ***150.00

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| | | | | | | | | | | |
| Principal Plac | ce of Business | Mailing | g Address | | | | | FREET MASTE MAITE | 19101 1610 FIDI | |
| 2501 W BAY D |)R | 2501 W | BAY DR | | | | | | | |
| LARGO FL 337 | 70 | | FL 33770 | | | | | | | |
| US | | US | | | | | DO NOT WR | | SPACE | |
| | | | | | | | Date incorporated or Qualifed 01/02/1995 | i | | |
| | Place of Business | 2a. Ma | iling Address | | | | 4. FEI Number | | Ap | plied For |
| 21 | · · · · · · · · · · · · · · · · · · · | 26 | | | | | 59-3288520 | | No | t Applicable |
| Suite, Apt. | . #, etc. | Suit | ite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | | —— | | | 3. Contradic of Otalias Desired | | Fee Re | equired |
| City & Sta | te | City | y & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | Zip | | Count | try | | 8. This corporation owes the cur | rrent year Inta | | _ |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address o | f Current Registere | d Agent | | NAT 11 | | 10. Name and Address of New | Registered / | Agent | |
| DAY | TON, JAMES N | and the factor of | | ۱۴ | B1 Na | ame | | | | ł |
| | 9 BEACH BLVD | | | ē | 32 St | reet Addn | ess (P.O. Box Number is Not Accept | table) | | |
| | SON FL 34667 | | | L | | | | | | |
| HUL | JOUN PL 34001 | | | . 8 | 83 | | | *. · · · · · | | |
| | | | | - | 34 Ci | hv | | | 85 Zip (| Code |
| | 7 | | | 1 | · · · · · | • • | | FL | | |
| were the | and the | ^. | | - 1 | | | | | | |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 607.15 | 508, Florida Statu | tes, the abo | ove-na | med corpo | oration submits this statement for the | purpose of | changing its | registered |
| office or i | registered agent, or both, in th | he State of Florida. S | uch change was a | authorized b | by the a | med corporation | oration submits this statement for the on's board of directors. I hereby acce | e purpose of ept the appoir | changing its ntment as re | registered gistered |
| office or i | registered agent, or both; in the am familiar with, and accept the | he State of Florida. S | uch change was a | authorized b | by the a | med corpo corporatio | oration submits this statement for the on's board of directors. I hereby acce | e purpose of ept the appoir | changing its ntment as re | registered gistered |
| office or i | registered agent, or both; in the am familiar with, and accept the | he State of Florida. S ne obligations of, Sec | such change was a ction 607.0505, Flo | authorized to orida Statuti | by the e | corporatio | oration submits this statement for the on's board of directors. I hereby acce d when reinstating) | e purpose of ept the appoin | changing its ntment as re | registered gistered |
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| office or agent. I a | registered agent, or both, in tham familiar with, and accept the Signature, typed or printed name of regions. OFFICE | he State of Florida, S ne obligations of, Sec Istered agent and title if applic | cable. (NOTE | authorized borida Statuti E: Registered Ag | by the es. | corporatio | on's board of directors. I hereby acce | DATE | ntment as re | gistered |
| office or agent. I a SIGNATURE | registered agent, or both, in tham familiar with, and accept the Signature, typed or printed name of registering OFFICION PAXTON, JAMES N | he State of Florida, S ne obligations of, Sec Istered agent and title if applic | cable (NOTE | authorized borida Statuti E: Registered Ag | by the es. gent sign | corporatio | on's board of directors. I hereby acce | DATE | ntment as re | gistered PRS IN 12 |
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| office or i agent. I a SIGNATURE 12. TITLE NAME | registered agent, or both, in tham familiar with, and accept the Signature, typed or printed name of registering OFFICION PAXTON, JAMES N | he State of Florida, S ne obligations of, Sec Istered agent and title if applic | cable (NOTE | E. Registered Ag 1.1 TITLE 1.2 NAMI 1.3 STRE | es. gent signa E | corporatio | on's board of directors. I hereby acce | DATE | ntment as re | gistered PRS IN 12 |
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| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent, or both, in tham familiar with, and accept the Signature, typed or printed name of reg OFFIC D PAXTON, JAMES N 6909 BEACH BLVD. HUDSON FL 34667 | he State of Florida, S ne obligations of, Sec Istered agent and title if applic | cable. (NOTE | E: Registered Ag 13. 1.1 TITLE 12 NAM 1.3 STRE 1.4 CITY. | gent sign E E E EET ADOF | corporatio | on's board of directors. I hereby acce | DATE | D DIRECTO | PRS IN 12 |
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14. I hereby certify that the information supplied with this filling 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 receiver or thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)