SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 AUG 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092101 (1)

1. Corporation Name
~~PAMELA HEYDET, P.A.~~ CHANGE TO
Remax Resales Inc.

Principal Place of Business
~~1043 HILLSBORO MILE. #8C~~
~~HILLSBORO BEACH FL 33062~~

Mailing Address
~~1043 HILLSBORO MILE. #8C~~
~~HILLSBORO BEACH FL 33062~~

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 801 Douglas Ave
Suite, Apt. #, etc. 22: 103
City & State 23: Altamonte Springs
Zip 24: 32714 Country 25:

2a. Mailing Address
26: 80 Douglas Ave.
Suite, Apt. #, etc. 27: 103
City & State 28: Altamonte Springs
Zip 29: 32714 Country 30:

4. FEI Number: 65-0678614 ☐ 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 nability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HEYDET, PAMELA
1043 HILLSBORO MILE, #8C
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 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: Pamela Heydet — Pamela Heydet - President — 7-12-96
Signature of new registered agent, if changed, or other agent, if applicable (NOTE: Registered Agent signature required when name is changed) (Title) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President HEYDET, PAMELA 1043 HILLSBORO MILE, #8C HILLSBORO BEACH FL 33062	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice President Paula L. Higdon 14148 Sneed Circle Orlando, FL 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	700001934397 -08/28/96--01057--005 *****288.75 *****288.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela Heydet — 7-12-96 — (407) 774-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)