

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040254
1. Corporation Name
RE/MAX REALTY, INC.

01-22-1999 90022 006 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
211 E. INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32118

Mailing Address
211 E. INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32118

2. Principal Place of Business
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Suite, Apt. #, etc.
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City & State
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Zip
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Country
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Suite, Apt. #, etc.
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City & State
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Zip
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Country
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3. Date Incorporated or Organized
05/04/1998
4. Fee Number
59-3516573
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
AMON, URSULA
211 E. INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32118

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

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
Signature, typed or printed name of registered agent and date if applicable
Date 1-8-99

12. OFFICERS AND DIRECTORS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #