

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91245

(7)

1. Corporation Name
ABSOLUTE SYSTEMS, INC.



Principal Place of Business

200 E LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE FL 33301

Mailing Address

200 E LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE FL 33301-2248

2. Principal Place of Business

21 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 Ste. 1200

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 Ste. 1200

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2852741

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD HUDSON, HARRIS W
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
P BRAUSER, MICHAEL
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
VS HANDLEY, RICHARD L
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
V GUERIN, ROBERT
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
AST PEDDY, COURTLAND
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
ATT CARPENTER, MICHAEL
STREET ADDRESS
200 E LAS OLAS BLVD. SUITE 1400
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
1.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
2.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
3.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
4.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

5.1 TITLE ☒ Change ☐ Addition

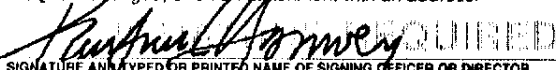
5.2 NAME
5.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
5.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
450 E. Las Olas Blvd., Ste. 1200
6.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33301

14. I do hereby certify that the information supplied with this filing 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 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

Richard L. Handley

Date

Daytime Phone #

2/14/97 954-713-5200

CR2E034 (9/96)