

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000024132 (7)**  
 1. Corporation Name  
**ABSOLUTE DESIGN AND DEVELOPMENT, INC.**



Principal Place of Business: **12599 81ST TERRACE NORTH SEMINOLE FL 33776**  
 Mailing Address: **12599 81ST TERRACE NORTH SEMINOLE FL 33776**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/12/1997**

4. FEI Number: **59-3436224** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **12599 81ST TERRACE NORTH SEMINOLE FL 33776**  
 2a. Mailing Address: **13799 Park Boulevard**  
 Suite, Apt. #, etc.: **Suite 137**  
 City & State: **Seminole, Florida**  
 Zip: **33776** Country: **USA**

9. Name and Address of Current Registered Agent: **LUCE, TODD R 12599 81ST TERRACE NORTH SEMINOLE FL 33776**

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: \_\_\_\_\_ (NOTE - Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Todd R. Luce</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>12599 81st Terrace N</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Seminole, Florida 33776</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>V/T/S/D Melissa R. Luce</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>12599 81st Terrace N</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Seminole, Florida 33776</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V Dennis J. Birchard</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>5620 11th Avenue N</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>St. Petersburg, Florida 33710</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V Dean A. Birchard</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>350 80th Avenue, #2</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>St. Pete Beach, Florida 33706</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ **4-18-98 813-397-5426**

CR2E034 (10/97)