

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90016 047 \*\*\*158.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000007084**

1. Corporation Name  
**ABSOLUTE SPORTS, INC.**



Principal Place of Business 1303 SOUTH MOODY AVENUE STE. A TAMPA FL 33629	Mailing Address 1303 SOUTH MOODY AVENUE STE. A TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**01/22/1998**

21. Principal Place of Business <b>3606 W Sterling Circle</b>	2a. Mailing Address <b>3606 W Sterling Circle</b>
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4. FEI Number <b>59-3488389</b>	Applied For <input type="checkbox"/> Not Applicable
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22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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23. City & State <b>Tampa FL</b>	28. City & State <b>Tampa FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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24. Zip <b>33629</b>	25. Country	29. Zip <b>33629</b>	30. Country
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8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIVYER, NEAL A**  
**220 SOUTH FRANKLIN STREET**  
**TAMPA FL 33802**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JIM</b>	
STREET ADDRESS	<b>1303 SOUTH MOODY AVENUE STE. A</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARANOWSKI, FRANK</b>	
STREET ADDRESS	<b>798 FOXHOUND DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32124</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jim Stewart</b>	
1.3 STREET ADDRESS	<b>3606 W Sterling Circle</b>	
1.4 CITY-ST-ZIP	<b>Tampa FL 33629</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Jim Stewart* **7/7/99** **813-902-9822**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)