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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 20 1998 8:00am Secretary of State

| Corporation                         | Name T9300                                  | 0002948                                  | (0)                 |                          |                                       |  |           |  |
|-------------------------------------|---|--|---------------------|--------------------------|---------------------------------------|--|-----------|--|
| ABSOL                               | UTE RANK TECHNOLOGIE                        | ES, INC.                                 |                     |                          |                                       |  |           |  |
|                                     |   |  |                     |                          |                                       | . I 10 DIJAD IJAD JOJAR KINIA DANIA BADIH BADIH BADIH BABIH BABIH DIJAH KANIN BABIH UNIA   |           |  |
| Dringing Diggs                      | Dusings                                     | Mail or or A all do                      |                     |                          |                                       |  | ili       |  |
| Principal Place                     |   | Mailing Addre                            |                     |                          |                                       |  | •••       |  |
| 125 S.E. MIZNER 125 S.E. MIZNER #14 |   |  |                     |                          |                                       |  |           |  |
| BOCA RATON                          | FL 33432                                    | * * * *                                  | BOCA RATON FL 33432 |                          |                                       | DO NOT WRITE IN THIS SPACE   |           |  |
|                                     |   |  |                     |                          |                                       | 3. Date Incorporated or Qualified  |           |  |
|                                     |   |  |                     |                          |                                       | 06/25/1993   |           |  |
|                                     | ace of Business                             | <u></u>                                  | 2a. Mailing Address |                          |                                       | 4. FEI Number Applied  | For       |  |
| Suite, Apt.                         | # alo                                       | 26 Suite Aut                             | Suite, Apt. #, etc. |                          |                                       | 22-3239748 Not App   |           |  |
| 22                                  | #, <b>0</b> 10.                             | h-~¬                                     | 27                  |                          |                                       | 5. Certificate of Status Desired See Required  |           |  |
| City & State                        | )   |  | City & State        |                          |                                       | 6. Election Campaign Financing \$5.00 May I  |           |  |
| 23                                  |   | 28                                       | 28                  |                          |                                       | Trust Fund Contribution Added to Fee   |           |  |
| Zip                                 | Country                                     | Zip                                      | Zip Cou             |                          |                                       | 8. This corporation owes or has paid the current year Intangible   | θ         |  |
| 24                                  | 25  | 29                                       |                     |                          | · · · · · · · · · · · · · · · · · · · | Personal Property Tax due June 30.  Yes No   |           |  |
|                                     | 9, Name and Address of Curre                | ent Registered Agen                      | t                   | 81                       |                                       | 10. Name and Address of New Registered Agent   |           |  |
|                                     | NNEY, GENE                                  |  |                     | 61                       | Name                                  |  |           |  |
|                                     | S.E. MIZNER BLVD.                           |  |                     |                          | Street Add                            | ldress (P.O. Box Number is Not Acceptable)   |           |  |
| #14                                 |   |  |                     |                          |                                       |  |           |  |
| 601                                 | CA RATON FL 33432                           |  |                     | 83                       |                                       |  |           |  |
|                                     |   |  |                     | 84                       | City                                  | FL 85 Zip Code   |           |  |
| 11. Pursuant t                      | o the provisions of Sections 607.05         | 02 and 607.1508, Flo                     | orida Statutes, th  | e above                  | -named corp                           | poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as register  | tered     |  |
| agent. I ar                         | n familiar with, and accept the out         | ations of Section 60                     | 17.0505, Florida    | Statutes                 |                                       | mons board of directors. Thereby accept the appointment as registr   | 9180      |  |
| SIGNATURE                           |   |  |                     |                          |                                       | <u> </u>   |           |  |
| 12.                                 | Signature, typed or met 4 and of real total | e in and their applicable. ND DIRR CTORS |                     | stered Age:              | it signature requi                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1   |           |  |
| TITLE                               | PTS   |  |                     | L1 TITLE                 | T                                     |  | ddition   |  |
| NAME                                | DONNEY, GENE                                |  |                     | I.2 NAME                 |                                       |  |           |  |
| STREET ADDRESS                      | STREET ADDRESS 125 S.E. MIZNER BLVD., #14   |  |                     | 1.3 STREET ADDRESS       |                                       |  |           |  |
| CITY-ST-ZIP                         | BOCA RATON FL 33432                         |  | 1                   | I.4 CITY-ST              | · ZIP                                 |  |           |  |
| TITLE                               |   |  | DELETE 2            | 2.1 TITLE                |                                       | ☐ Change ☐ A   | ddition   |  |
| NAME                                |   |  | 2                   | 2.2 NAME                 |                                       |  |           |  |
| STREET ADDRESS                      |   |  | 2                   | 2.3 STREET A             | ADDRESS                               |  |           |  |
| CITY-ST-ZIP                         |   |  |                     | 2. 4 CITY - ST           | T-ZIP                                 |  | alakita - |  |
| TITLE<br>NAME                       |   |  | _                   | 3.1 TITLE<br>3.2 NAME    |                                       | Change A   | ddition   |  |
| STREET ADDRESS                      |   |  |                     | 9.2 NAME<br>1.3 STREET A | ADDRESS                               |  |           |  |
| City-St-ZiP                         |   |  |                     | 1.4 CITY-ST              |                                       |  |           |  |
| TITLE                               |   |  |                     | 1.1 TITLE                | - LH                                  | ☐ Change ☐ A   | ddition   |  |
| NAME                                |   |  | 4                   | . 2 NAME                 |                                       | • •  |           |  |
| STREET ADDRESS                      |   |  | 4                   | .3 STREET A              | ADDRESS                               |  |           |  |
| CITY-ST-ZIP                         |   |  |                     | 4 CITY-ST                | - ZIP                                 |  |           |  |
| TITLE                               |   |  | DELETE 5            | .1 TITLE                 |                                       | Change A   | ddition   |  |
| NAME                                |   |  | 5                   | 2 NAME                   |                                       |  |           |  |
| STREET ADDRESS                      |   |  | 5                   | 3 STREET A               | ADDRESS                               |  |           |  |
| CITY-ST-ZIP                         |   |  | DELETE              | 4 CITY-ST                | -ZIP                                  |  | 4.192     |  |
| TITLE                               |   | Ш  |                     | 1 TITLE                  |                                       | Change A   | ddition   |  |
| NAME<br>PTREET ADDRESS              |   |  |                     | 2 NAME                   |                                       |  |           |  |
| STREET ADDRESS                      |   |  |                     | .3 STREET A              |                                       |  |           |  |
| CITY-ST-ZIP                         | ortification information curreliad          | with this filips, class s                | 6                   | 4 CITY - ST              | - ZIP                                 | Continue 110 07/0V/3 Florido Chat de LE alternativo de la continue |           |  |

nd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contail 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 accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Indicated on this annual report or supplier officer or director of the corporation or the Block 12 or Block 13 if changed, or on supplier