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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90235 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002092

1. Corporation Name
ABSOLUTE FIXTURE SERVICES, INC.

Principal Place of Business
**7045 OAK GROVE BLVD
RICHFIELD MN 55423**

Mailing Address
**7045 OAK GROVE BLVD
RICHFIELD MN 55423**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

41-1768058

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8011 Grand Avenue South

Suite, Apt. #, etc.

22 Bay #3?
City & State

23 Minneapolis, MN 55420

Zip Country

24 55420

25

2a. Mailing Address

26 8011 Grand Avenue South

Suite, Apt. #, etc.

27 Bay #3
City & State

28 Minneapolis, MN 55420

Zip Country

29 55420

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIRTZ, DARWIN S

4726 WINCHESTER DRIVE

SARASOTA, FL 34234

**4216 - 53rd Ave S #2117
Brandenton, Florida 34210**

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
PC JOHNSON, KRISTOPHER
STREET ADDRESS
7045 OAK GROVE BLVD.
CITY-ST-ZIP
RICHFIELD MN 55423

TITLE ☐ DELETE

NAME
GIRTZ, DARWIN
STREET ADDRESS
4726 WINCHESTER DRIVE
CITY-ST-ZIP
SARASOTA, FL 34234

TITLE ☐ DELETE

NAME
4216 - 53rd Ave S #2117
STREET ADDRESS
Brandenton, Florida 34210
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
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STREET ADDRESS
Brandenton, Florida 34210
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)