

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 02 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 # K81002 (3)
1. Corporation Name
ABSOLUTE MORTGAGE CO.



Principal Place of Business 9200 SEMINOLE BLVD 2ND FLOOR SEMINOLE FL 34842 US	Mailing Address 11380 8TH ST., E. TREASURE ISLAND FL 33706 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3621- Park St No. Suite, Apt. #, etc. 22 City & State 23 St. Pete, FL Zip 24 33710 Country 25 USA	2a. Mailing Address 26 3621- Park St. No. Suite, Apt. #, etc. 27 City & State 28 St. Pete FL Zip 29 33710 Country 30 USA	3. Date Incorporated or Qualified 04/17/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2947995 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SCHULER, TIMOTHY C.
11290 78TH AVENUE NORTH, SUITE 200
SEMINOLE FL 34842

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	COSSER, JEAN D	1.2 NAME	DIANE M Venuti
STREET ADDRESS	11380-8TH ST E	1.3 STREET ADDRESS	3621- Park St. No.
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	St. Petersburg, FL. 33710
TITLE	D	2.1 TITLE	
NAME	FERRENTINO, CINDY J	2.2 NAME	
STREET ADDRESS	11380 8TH ST EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]

8/28/97 8:12 294-5671

CR2E034 (4/97)