FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000055694 (2)**

1. Corporation Name
ABSOLUTE SIGNS, INC.

Principal Place of Business
214 N GOLDENROD RD A-9
ORLANDO FL 32807

Mailing Address
214 N GOLDENROD RD A-9
ORLANDO FL 32807

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business
21 ~~2567 C Forsyth Rd.~~
Suite, Apt. #, etc.
22 Orlando, Florida
City & State
23 32807
Zip 24
Country 25 USA

2a. Mailing Address
26 2567 C Forsyth Rd.
Suite, Apt. #, etc.
27 Orlando,Florida
City & State
28 32807
Zip 29
Country 30 USA

4. FEI Number: **59-3194694** — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BENZER, JANINE
214 N GOLDENROD RD A-9
ORLANDO FL 32807

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 _____
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required above; secretary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	ST	☒ Change ☐ Addition
NAME	BENZER, JANINE	1.2 NAME	Benzer, Janine	
STREET ADDRESS	193 CIRCLE	1.3 STREET ADDRESS	525 Hillcrest St.	
CITY ST ZIP	WINTER PARK FL	1.4 CITY ST ZIP	Altamonte Springs, Fl. 32701	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	HUDDLESTON, CELESTE	2.2 NAME		
STREET ADDRESS	3319 HEARTWOOD	2.3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	2.4 CITY ST ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I 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: Richard F. Benzer — 2/22/95 — 677-6277
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR (Date) (Phone)

0087011 CP