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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000056191 (8)

ABSOLUTEVALUE SOFTWARE, INC.

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Principal Place of Business			Mailing Address			1 1001/00) (10 thing stall bold bout out	46191 61116 1	11W1 11W1W 1W1W	is hills small	
642 TUSCARORA TRAIL MAITLAND FL 32751			642 TUSCARORA TRAIL MAITLAND FL 32751-3889							
ll							3. Date Incorporated or Qualified 08/03/1993	F	e of Last R	eport
2. Principal F	lace of Business		2a. Mailing Address				4. FEI Number			plied For
21		20	·				59-3193955			t Applicable
Suite, Apr. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00	May Be
23		2:					Trust Fund Contribution		Added t	
Ζιρ	Count	·	Zip Ti	⊢ ¬	intry		8. This corporation has liability for i			. 199 .032,
24	25	2		30	Y			Yes 🗌		
	9. Name and Addr	ress of Current He	gistered Agent		81	Name	10. Name and Address of New Re	Jistereo A	gent	********
	THEWS, MARK S				"	Name				
642 TUSCARORA TRAIL					82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
MAI	ITLAND FL 32751				83					
					53					
					84	City		FL	85 Zip (Code
raa s		-1 607 0500	d COZ 1500 Florido Cha			named save	oration submits this statement for the p		hanaina it	o resistand
office or i	registered agent, or bol	ctions 607,0502 and th, in the State of FI	orida. Such change wa:	utes, me a s authorize	d by t	named corp the corporati	oration supplies this statement for the plon's board of directors. I hereby accep	t the appo	intment as	registered
agent La	ami familiar with lund ac	cout the obligation	s of, Section 607.0505, i	Florida Sta	tutes.			1		
SIGNATURE.	274,		16.00					ZUZ:	7	
12,	Signature, typical or printed nar	me of registered agont and OFFICERS AND DIF		OTE Registere	d Agent	signature require	ed when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE DE AND	DIRECTOR	IS IN 12
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 (407)644-8582

FILED

Mar 17 1997 8:00am

Secretary of State