

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000073960 (5)

1. Corporation Name

ABSOLUTE COMPUTERS INC.



Principal Place of Business

13651 NEWPORT MANOR  
DAVIE FL 33325

Mailing Address

13651 NEWPORT MANOR  
DAVIE FL 33325

3. Date Incorporated or Qualified  
10/18/1993

3a. Date of Last Report  
08/10/1995

2. Principal Place of Business

21 13651 Newport Manor

2a. Mailing Address

26 13651 Newport Manor

4. FEI Number  
65-0450065

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
DAVIE

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
DAVIE FL

28 City & State  
DAVIE FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33325

25 Country  
U.S.A.

29 Zip  
33325

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERRIOS, JULIO C  
13651 NEWPORT MANOR  
DAVIE FL 33325

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 of corporation or registered agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

3-24-96

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ROW, MARK T  
STREET ADDRESS 7730 NW 32 ST.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VP  
NAME BERRIOS, JULIO C  
STREET ADDRESS 13651 NEWPORT MANOR  
CITY-ST-ZIP DAVIE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

BERRIOS, JULIO C  
PRESIDENT  
13651 NEWPORT MANOR  
DAVIE FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

V.P.  
ROW, MARK T.  
7730 NW 32 ST.  
HOLLYWOOD FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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. 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

3-24-96

DATE

DESIGNATION

305  
475-2069

CR2E034 (12/95)