

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043227 (5)
 1. Corporation Name
ABSOLUTE-ONE, INC.



Principal Place of Business 563 FERGUSON DR. SUITE K ORLANDO FL 32805-1011	Mailing Address 563 FERGUSON DR. SUITE K ORLANDO FL 32805-1039
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3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 04/19/1996
4. FEI Number 59-3244141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 750 Office Plaza Blvd Suite, Apt. #, etc. 22 304 City & State 23 Kissimmee FL Zip 24 34744	2a. Mailing Address 27 750 Office Plaza Blvd Suite, Apt. #, etc. 28 304 City & State 29 Kissimmee FL Zip 30 34744
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9. Name and Address of Current Registered Agent
BERMAN, JED
180 S KNOWLES AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOLTON, MARGIE P	
STREET ADDRESS	1551 DEMING DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTB	<input checked="" type="checkbox"/> DELETE
NAME	BOLTON, DONALD P	
STREET ADDRESS	1551 DEMING DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Diane S. Van Winkle	
1.3 STREET ADDRESS	5017 Danny Boy Circle	
1.4 CITY-ST-ZIP	Orlando, FL 32808	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Teresa Gore	
2.3 STREET ADDRESS	5017 Danny Boy Circle	
2.4 CITY-ST-ZIP	Orlando, FL 32808	
3.1 TITLE	Sec/TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Margie Bolton	
3.3 STREET ADDRESS	78 Jana Drive	
3.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane S. Van Winkle* **4-11-97** 4043225860




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4-11-97

As per our conversation with Andy, apparently our 1997 annual report has not been received. This was originally sent 4-11-97.

We are enclosing a copy of this report with a check.

Any Questions call me.


Diane S. Van Winkle (President)