


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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000017533</b> 1. Corporation Name <b>ABSOLUTE POWER + TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>4053 ILEX CIRCLE N PALM BEACH GARDENS FLORIDA 33410</b>		Mailing Address <b>4053 ILEX CIRCLE N PALM BEACH GARDENS FLORIDA 33410</b>	
2. Principal Place of Business 21 <b>4053 ILEX CIRCLE N</b> State, Apt. #, etc.		2a. Mailing Address 26 <b>4053 ILEX CIRCLE N</b> State, Apt. #, etc.	
22 <b>PALM BEACH GARDENS FL</b> City & State		27 <b>PALM BEACH GARDENS FL</b> City & State	
23 <b>33410</b> Zip		28 <b>33410</b> Zip	
25 <b>FL</b> Country		29 <b>FL</b> Country	
30 <b>33410</b> Country		31 <b>FL</b> Country	
3. Date Incorporated or Qualified <b>3/2/95</b>		3a. Date of Last Report <b>2/19/96</b>	
4. FEI Number <b>65-0574287</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>JILL R. MACALLISTER 4053 ILEX CIRCLE NORTH PALM BEACH GARDENS FL 33410</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>J. R. MacAllister</b> <b>JILL R. MACALLISTER</b> <b>April 13, 1997</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>P/T</b> <input type="checkbox"/> DELETE 2. NAME <b>MACALLISTER, JILL R.</b> 3. STREET ADDRESS <b>4053 ILEX CIRCLE N</b> 4. CITY-STATE-ZIP <b>PALM BEACH GARDENS, FL 33410</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
5. TITLE <b>S</b> <input type="checkbox"/> DELETE 6. NAME <b>MACALLISTER, TED D.</b> 7. STREET ADDRESS <b>4053 ILEX CIRCLE N</b> 8. CITY-STATE-ZIP <b>PALM BEACH GARDENS, FL 33410</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
9. TITLE <b>V</b> <input type="checkbox"/> DELETE 10. NAME <b>BURDICK, EUGENE</b> 11. STREET ADDRESS <b>3574 PINEHURST DRIVE</b> 12. CITY-STATE-ZIP <b>LAKE WORTH, FL 33467</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
13. TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE 14. NAME <b>HILL, ROD</b> 15. STREET ADDRESS 16. CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: <b>J. R. MacAllister</b> <b>JILL R. MACALLISTER</b> <b>April 13, 1997</b> (561) 776-6995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)