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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000017533 (7)

ABSOLUTE POWER & TECHNOLOGIES, INC. Principal Place of Business Mailing Address 4053 INEX CIRCLE N 4053 INEX CIRCLE N PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 <u>65-0574287</u> 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangule Personal Property Tax due June 30. Zip Country Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MAC ALLISTER, JILL R. 4053 INEX CIRCLE NORTH R2 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 **B3** 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition MAC ALLISTER, JILL R NAME 1.2 NAME 4053 INEX CIRCLE NORTH STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **BURDICK, EUGENE** NAME 2.2 NAME **3574 PINEHURST DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE mac Allister, Ted D. 4053 Ilex Circle North MAC ALLISTER, TED D NAME 3.2 NAME 4053 INEX CIRCLE NORTH STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH GARDENS FL Beach Gardens, Fl. 3340 CITY-ST-ZIP 3.4. CHY-ST-7IP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I 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.