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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P95000027663 (0)

ABSOLUTE ELECTRONIC TECHNOLOGY INC

200 CARBERAN COURT ORLANDO FL 32005	ABSOLUTE ELECTRONIC TECHNOLOGY, INC.											
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Application Control												
Substance Subs										3a . Da	te of Last	Report
Supplementary Supplementar		ace of Business		<u> </u>					4. FEI Number		1	Applied For
27	21		26	w					59-3305473			Not Applicable
28	22		27	7					5, Certificate of Status Desired			
20	-		1	h 1					, ,	m		
25 28 28 30 10.000		Country	28	· · 								
SCHULZE, INGELOTTE MRS. 2400 CARRESEAN COURT ORIANDO FL 32805 84 City FL 85 Zo Code 85 Sirect Address P.O. Box Number is Not Acceptable; 86 Sirect Address P.O. Box Number is Not Acceptable; 87 Sirect Address P.O. Box Number is Not Acceptable; 88 Sirect Address P.O. Box Number is Not Acceptable; 89 Sirect Address P.O. Box Number is Not Acceptable; 80 Sirect Address P.O. Box Number is Not Acceptable; 81 City FL 85 Zo Code 82 Sirect Address P.O. Box Number is Not Acceptable; 83 City FL 85 Zo Code 84 City FL 85 Zo Code 85 Zo Code 86 City FL 85 Zo Code 87 Zo Code 88 City FL 85 Zo Code 88 City FL 85 Zo Code 88 City FL 85 Zo Code 89 Zo Code 80 Zo		├ ─┐									tax under	s 199.032,
SCHULZE, INGELOTTE MRS. 2400 CARRESEAN COURT ORLANDO FL 32805 82 Street Address (F) C. Box Number is Not Acceptable)								1			<u> </u>	
BZ Street Address (P.O. Box Number is Not Acceptable)				- Agont		<u>.</u>	Name	· · · · · · · · · · · · · · · · · · ·	10, Name and Address of New	registerec	ı Agent	
2400 CARIBBEAN COURT ORLANDO FL 32805 84	SCHILI	7E BIGELOTTE LIDS				1						
STANDO FL 32805 84 Oily					8	2	Street	Address	s (P.O. Box Number is Not Accepta	ble)		
11. Pursuant to the provisions of Sections 607,0502 and 607,1505, flored Statutes, be allowed based of directors. Person accept the apparature of a company as a contract of the provisions of Section 607,0502 and 607,1505, flored Statutes, be allowed based of directors. Person accept the apparaturent as registered agent. I am registered agen					8	4						
1. Pursuant to the provisions of Sections 607.0502 and 607.15028, Floridal Statutes, the eleven named corporation is started for the purpose of changing all segistered office drambar with, and accept the obligations of Section 607.0505, Floridal Statutes Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. In Title 15. NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. In Title 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME	ORLAN	DO FE 32003			ľ	١						
1. Persianal to the provisions of Sections 607-0502 and for 14-05. Florids Statisties, the althory barried corporation statistics the statement for the purpose of changing its registered of time or registered agent, to that, the State of Plenials Such change was submitted by the Corporation's statistics. 1.					8	4	City		**************************************	FI	85	Zip Code
Section Sect	11. Pursuant to	o the provisions of Sections 607.05	02 and 607	1508, Florida Statute	s, the above	112	amed co	orporation	on submits this statement for the po			s registered office
12	O TOGISTOR	ou agont, or both, in the atate of the	HERE SHEET	Change was authorize	ou by the co	A)O	vation's	board o	of directors. Thereby accept the app	iointment a	is registere	ed agent. Lam
12	SIGNATURE											
DEFET					II. Bojideni A.	e ist	agnative r	maj albas sor	an monthly gr	DATE		
NAME		OFFICERS A	NO DIREC					7	ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECT	ORS IN 12
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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 OF PRINTED HISNE OF SIGNING OFFICER OR DIRECTOR

/INGELOTTE SCHULZE

407 888-2144