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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041131 (0)

ABSOLUTE REALTY, INC.

Principal Place of Business Mailing Address 1361 SUNSET STRIP 1361 SUNSET STRIP SUNRISE FL 33313 SUNRISE FL 33313

FILED Mar 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0583051 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc. Suite, Apt. #, etc. \mathbf{Z} 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANGLIN, ASTON W Carter, Ian S
Street Address (P.O. Box Number is Not Acceptable)
1361 Sunset Strip 1550 N.W. 47TH AVENUE 82 LAUDERDALE LAKES FL 33319 RA 84 City Zip Code 33313 <u>Sunrise</u> 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 about the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE PST TITLE ANGLIN, ASTON W 1.2 NAME Carter, Ian S NAME 1550 N.W. 47TH AVE. 1.3 STREET ADDRESS 1361 Sunset Strip STREET ADDRESS LAUDERHILL FL 33313 1.4 CITY-ST-ZIP Sunrise, FL 33313 CITY-ST-ZIP Addition ... Change DELETE. 21 TITLE TITLE CARTER, IAN S NAME 2.2 NAME 217 N.W. 42ND TERRACE STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33317** 2 4 City-St-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP

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 atlaament with an address.

Ian S. Carten President

President SIGNATURE:

x 3-11 - 90 954 791-8806