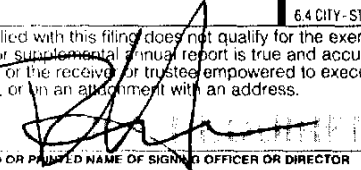


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000087342 (7)</b>			
1. Corporation Name <b>ABSOLUTE GROUP, INC.</b>			
Principal Place of Business <b>2441 CHESHIRE BRIDGE RD. SUITE 130 ATLANTA GA 30324</b>		Mailing Address <b>2441 CHESHIRE BRIDGE RD. SUITE 130 ATLANTA GA 30324-3780</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
9. Name and Address of Current Registered Agent <b>ELSBERRY, MICHAEL 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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			
Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, SABRINA	1.2 NAME	
STREET ADDRESS	2441 CHESHIRE BRIDGE RD., SUITE 130	1.3 STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA 30324	1.4 CITY-ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMA, RICHARD	2.2 NAME	
STREET ADDRESS	2441 CHESHIRE BRIDGE RD., SUITE 130	2.3 STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA 30324	2.4 CITY-ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUATTRY, THOMAS	3.2 NAME	
STREET ADDRESS	2441 CHESHIRE BRIDGE RD., SUITE 130	3.3 STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA 30324	3.4 CITY-ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JOHN D	4.2 NAME	
STREET ADDRESS	2441 CHESHIRE BRIDGE RD., SUITE 130	4.3 STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA 30324	4.4 CITY-ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST- ZIP		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)(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 in an amendment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

1/10/97 (404) 315-8570