

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000098370 (5)

1. Corporation Name

ABSOLUTE TECHNOLOGIES INC.



Principal Place of Business

Mailing Address

4115 E. LINEBAUGH AVENUE  
APARTMENT 606  
TAMPA FL 33617

PO BOX 290371  
TAMPA FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number 59-3478539

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 215 Sunnyside Dr

26 Suite, Apt. #, etc.

22 AI

27 City & State

23 Temple Terrace FL

28 City & State

24 33617

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAPLES, CHARLES J  
4115 E. LINEBAUGH AVENUE  
APARTMENT 606  
TAMPA FL 33617

81 Name Charles Maples

82 Street Address (P.O. Box Number is Not Acceptable)

215 Sunnyside Dr

APT A1

84 City Temple Terrace

FL

85 Zip Code 33617

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]*

Charles Maples

4-8-98

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTSD  
NAME MAPLES, CHARLES J  
STREET ADDRESS 4115 E. LINEBAUGH AVENUE  
CITY-ST-ZIP TAMPA FL 33617

1.1 TITLE  
1.2 NAME Charles S Maples  
1.3 STREET ADDRESS 215 Sunnyside Dr Apt A1  
1.4 CITY-ST-ZIP Temple Terrace FL 33617

TITLE VP  
NAME HARRIMAN, MELANIE S  
STREET ADDRESS 4115 E. LINEBAUGH AVENUE  
CITY-ST-ZIP TAMPA FL 33617

2.1 TITLE  
2.2 NAME Melanie Harriman Maples  
2.3 STREET ADDRESS 215 Sunnyside RD Apt A1  
2.4 CITY-ST-ZIP Temple Terrace FL 33617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address.

SIGNATURE

*[Signature]*

Charles Maples

4-8-98

812-989-1114

CR2E034 (10/97)