

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

0404239

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90088 026 ***150.00

DOCUMENT # **P96000098370**

1. Corporation Name
ABSOLUTE TECHNOLOGIES INC.



Principal Place of Business
**215 SUNNYSIDE DR
A1
TEMPLE TERRACE FL 33617
US**

Mailing Address
**PO BOX 290371
TAMPA FL 33687**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5222 Torcador Ct

2a. Mailing Address

26

Suite, Apt. #, etc.

22 #10

Suite, Apt. #, etc.

27

City & State

23 Tampa FL

City & State

28

Zip

24 33617

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

59-2478539

Applied For
No 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAPLES, CHARLES J
215 SUNNYSIDE RD
APT A1
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name Charles S. Maples
82 Street Address (P.O. Box Number is Not Acceptable) 5222 Torcador Ct
83 #10
84 City Tampa
85 FL
86 Zip Code 33617

11. Pursuant to the provisions of Sections 607.0501 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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPLES, CHARLES J	1.2 NAME	
STREET ADDRESS	215 SUNNYSIDE DR, APT A1	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPLES, MELANIE H	2.2 NAME	
STREET ADDRESS	215 SUNNYSIDE RD, APT A1	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Maples

Date

4-23-99

Daytime Phone #

813-989-1664

CR2E034 (11/98)