


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90049 037 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000089682**

1. Corporation Name  
**ABSOLUTE AUDIO & COMMUNICATIONS, INC.**

Principal Place of Business  
 1522 OLD POLK CITY ROAD  
 LAKELAND FL 33809

Mailing Address  
 POST OFFICE BOX 93403  
 LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4835 Musket Drive		26 P.O. Box 93403		10/20/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-3536996	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
33810		33804		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing	
USA		USA		Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	
				7. This corporation owes the current year intangible	
				Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

MESSER, ANDREW J  
 1522 OLD POLK CITY ROAD  
 LAKELAND FL 33809

## 10. Name and Address of New Registered Agent

81 Name James F. Hinder  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 4835 Musket Drive  
 83  
 84 City Lakeland FL 85 Zip Code 33810

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Andrew J messer	
STREET ADDRESS	1522 Old Polk City Rd	
CITY-ST-ZIP	Lakeland FL 33809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary K. Hinder	
1.3 STREET ADDRESS	4835 Musket Drive	
1.4 CITY-ST-ZIP	Lakeland FL 33810	
2.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James F. Hinder	
2.3 STREET ADDRESS	4835 Musket Drive	
2.4 CITY-ST-ZIP	Lakeland FL 33810	
3.1 TITLE	Vice President Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mario Insua	
3.3 STREET ADDRESS	4835 Musket Drive	
3.4 CITY-ST-ZIP	Lakeland FL 33810	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Andrew J. Messer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-99

Daytime Phone #

816-8494

CR2E034 (1/98)