

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90071 019 \*\*\*150.00

DOCUMENT # P98000091243

1. Corporation Name

ABSOLUTE FUNDING SERVICES, INC.

Principal Place of Business

3480 COMMERCIAL WAY  
SPRING HILL FL 34606

Mailing Address

3480 COMMERCIAL WAY  
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

59-3547575

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3482 Commercial Way

Suite, Apt. #, etc.

22 Suite B

City & State

23 Spring Hill, FL

Zip

24 34606

Country

25 USA

2a. Mailing Address

26 3482 Commercial Way

Suite, Apt. #, etc.

27 Suite B

City & State

28 Spring Hill, FL

Zip

29 34606

Country

30 USA

9. Name and Address of Current Registered Agent

TSOMPANIDIS, WILLIAM J  
3480 COMMERCIAL WAY  
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

Dyer, Kimberly Anne

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

3482 Commercial Way

83

Suite B

84 City

Spring Hill

FL

85 Zip Code

34606

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

*Kimberly Anne Dyer*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/1/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME TSOMPANIDIS, WILLIAM J  
STREET ADDRESS 3480 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE PVST ☒ DELETE

NAME TSOMPANIDIS, WILLIAM J  
STREET ADDRESS 3480 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Dyer, Kimberly Anne  
1.3 STREET ADDRESS 3482 Commercial Way, Suite B  
1.4 CITY-ST-ZIP Spring Hill, FL 34606

2.1 TITLE PVST ☒ Change ☐ Addition

2.2 NAME Dyer, Kimberly Anne  
2.3 STREET ADDRESS 3482 Commercial Way, Suite B  
2.4 CITY-ST-ZIP Spring Hill, FL 34606

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Kimberly Anne Dyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99 352-666-6614  
Date Daytime Phone #

CR2E034 (11/98)

0491935