

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S14826** (9)

1. Corporation Name  
**ABSOLUTE SECURITY, INC.**



Principal Place of Business: 2520 N CR #427 #100 LONGWOOD FL 32750 US  
Mailing Address: 2520 N CR #427 #100 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: 11/14/1990  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 1822 Longwood / Suite, Apt. #, etc. 22 LAKE MARY RD / City & State 23 Longwood, FL / Zip 24 32750 / Country 25 Seminole  
2a. Mailing Address: 26 1822 Longwood / Suite, Apt. #, etc. 27 LAKE MARY RD. / City & State 28 Longwood FL / Zip 29 32750 / Country 30 Seminole

4. FEI Number: 59-3040441  
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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOFFMANN, KENNETH L  
503 MOCKINGBIRD CT.  
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOFFMANN, KENNETH L.	
STREET ADDRESS	503 MOCKINGBIRD CT.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HOFFMANN, GLORIA J.	
STREET ADDRESS	503 MOCKINGBIRD CT.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMANN, JOLIE M	
STREET ADDRESS	503 MOCKING BIRD COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRONK, JERRY	
STREET ADDRESS	980 MONTGOMERY, APT 106	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: *Kenneth L. Hoffmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kenneth L. Hoffmann  
4/24/96 DATE: 4/24/96  
FEE: \$30.00 DAYTIME PHONE: 408-530-0001

CR2E034 (12/95)