

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
MAY 1 1995

DOCUMENT # **P94000086884 (1)**

1. Corporation Name

**FIVE STAR BILLING, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 560352  
MIAMI FL 33256

P.O. BOX 560352  
MIAMI FL 33256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/28/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 P O BOX 171122 HIA, FL 33017

26 PO BOX 171122 HIA, FL 33017

65-0565771

Not Applicable

22 Suite Apt # etc

27 Suite Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under § 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, JOHN  
7800 SW 134TH ST.  
MIAMI FL 33156

81 Name **BONNIE L. BIERLEY SHROIM**

82 Street Address (P O Box Number is Not Acceptable)  
**6256 NW 170 TERRACE**

83

84 City **MIAMI**

FL

85 Zip Code **33015**

11. Pursuant to the provisions of Sections 607.0507 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

*Bonnie L. Shroim*

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
<b>PRESIDENT</b>	<b>BONNIE L. BIERLEY SHROIM</b>	<b>6256 NW 170 TERR</b>	<b>MIAMI, FL 33015</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(3)(b), 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:

*Bonnie L. Bierley Shroim*

5/1/95

534-7235