

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000074535 (0)

1. Corporation Name
ACCURATE EXPRESS BILLINGS INC.



Principal Place of Business
4300 N UNIVERSITY DR SUITE 202 D LAUDERHILL FL 33151

Mailing Address
4300 N UNIVERSITY DR SUITE 202 D LAUDERHILL FL 33151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10021 Pines Blvd Suite, Apt., #, etc. 22 204 City & State 23 Pembroke Pines, FL Zip 24 33024		2a. Mailing Address 26 10021 Pines Blvd Suite, Apt., #, etc. 27 204 City & State 28 Pembroke Pines, FL Zip 29 33024		3. Date Incorporated or Qualified 08/27/1997	
Country 25 BROWARD		Country 30 BROWARD		4. FEI Number 65-0779144 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Fee Required \$8.75		May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent GONZALEZ, FRANCES 4300 N UNIVERSITY DR SUITE 202 D LAUDERHILL FL 33151				10. Name and Address of New Registered Agent	
81 Name Gonzalez, Frances				82 Street Address (P.O. Box Number is Not Acceptable) 10021 Pines Blvd #204	
83				84 City Pembroke Pines FL 85 Zip Code 33024	

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 *Frances Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE **4/15/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GONZALEZ, FRANCES	1.1 TITLE PD	1.2 NAME Gonzalez, FRANCES
STREET ADDRESS 4300 N UNIVERSITY DR, STE 202 D	CITY-ST-ZIP LAUDERHILL FL 33151	1.3 STREET ADDRESS 10021 Pines Blvd Suite 204	1.4 CITY-ST-ZIP Pembroke Pines, Florida 33024
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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.

SIGNATURE *Frances Gonzalez* DATE **4/15/98** **984 422-0733**

CR2E034 (10/97)