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

P98000056220 DOCUMENT

1. Corporation Name

A 1 BILLING SERVICES, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90032 038 ***150.00

A I DILL	1149 251141053; 1140.		•							
Principal Place of Business Mailing Address									IEBI	
1 FLORIDA PARK DRIVE NORTH #201 1 FLORIDA PARK DRIVE NOR PALM COAST FL 32137 PALM COAST FL 32137					ID #201		Ì			
THEM GONG! TE SELO!								DO NOT WRITE IN THIS SPACE		
ļ								3. Date Incorporated or Qualified 06/23/1998		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied F.	or	
21 26								59-3522466 Not Applie	able	
			Suite, Apt. #, etc.	te, Apt. #, etc.				\$8.75 Addition	al	
22 27								5. Certificate of Status Desired Fee Required		
City & State City			City & State					6. Election Campaign Financing \$5.00 May B	B	
23			8					Trust Fund Contribution Added to Fees		
Zip	Country		Zip Coun				8. This corporation owes the current year Intangible		1	
24	25		30		,			Personal Property Tax. Yes No		
9. Name and Address of Current I			egistered Agent					10. Name and Address of New Registered Agent		
					81	Name				
KING, MARY L 12 WAYBOURNE PLACE					82	Street A	Address	ess (P.O. Box Number is Not Acceptable)		
PALA	A COAST FL 32137				83					
					84	City		FL 85 Zip Code		
<u> </u>			07 4500 El-24- Statut			. =====d /			red	
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 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 re									i	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Stonature, byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
10	Signature, typed or printed name of registered agent			13.	1 Agen	it signature re	equirea wn	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 8	
12.					MF				ddition 7	
1	D King, Mary L				1.1 TITLE 1.2 NAME				;	
NAME	12 WAYBOURNE PLACE				1.3 STREET ADDRESS				8	
STREET ADDRESS	PALM COAST FL 32137			l i	1.4 CITY-ST-ZIP					
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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.