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

May 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L43035 CREDIT BILLING & RECOVERY. INC. Principal Place of Business Mailing Address P.O. BOX 4310 7545 CENTRAL INDUSTRIAL DR RIVIERA BOH FL 93404 ROCKVILLE MD 20849-4310 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1990 09/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0146626 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Added to Fees 23 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intaggible tax under s. 199.032, 24 25 29 Florida Statutes Yes 🔲 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORNBLATT, ARNOLD 7545 CENTRAL INDUSTRIAL DR 82 Street Address (P.O. Box Number is Not Acceptable) RIVIERA BCH FL 33404 83 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 4 approache 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition TITLE 1.1 010 CORNBLATT, ARNOLD NAME 1.2 NAME 212 EAGLETON LAKE BLVD 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 1,4 CHY - ST - 7/F SIVD DELETE Change Addition TITLE 2.1 MILE FRIED, LOIS NAME 2.2 NAMI 6000 LOGANWOOD DR. STREET ADDRESS 23 STREET ADDRESS **ROCKVILLE MD 20852** CITY-ST-ZIP 2 4 CITY-ST-7IF DELETE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST- ZiP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP CITY-ST-ZIF DETEIT Change Addition TITLE 5.1 THE 5.2 NAME NAME

14. I do 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 path; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6.1 1/11 8

6.2 NAME

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITL F

NAME

Wire Prevde

DELFTE

4/28/97

301-738-2162

Change

Addition

FILED