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

Maining Address P.O. BOX 72671

2a. Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

26

MARIETTA GA 30007-2671

PROFIT CORPORATION ANNUAL REPORT

1997

Pencipal Place of Business

MARIETTA GA 30007-2671

SIGNATURE:

2. Principal Place of Business

P.O. BOX 72671

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

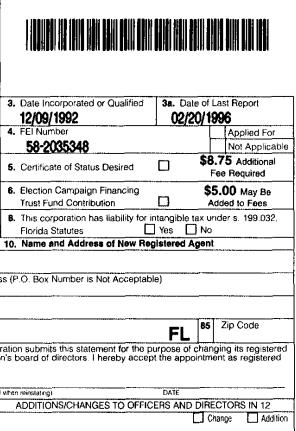
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010464 (5)

NATIONAL BILLING SERVICES, INC.

Suite, Apr. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees	
Zip		Country		Zip n		Counti	ry		8. This corporation has liability for intangible tax under s. 199.032,
24	9, Name and Address of Current Registered Agent					30	Florida Statutes Yes No		
			rent Heg	istered Ag	ent	8.	4	Name	10. Name and Address of New Registered Agent
RASCH, ROBERT W 111 NORTH ORANGE AVENUE SUITE 900 ORLANDO FL 32801						6	Value		
						82	82 Street Address (P.O. Box Number is Not Acceptable) 83		
						 R*			
						0.	100		
						84	4	City	FL 85 Zip Code
office or i	registered ac	ions of Sections 607 C jent, or both, in the St ith, and accept the ob	ate of Flo	rida Such	change was .	authorized b	bν	the corporation	pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	September type o	ror policed is neighbor, stered	agent and :	de Lappicable	(NOI	E: Registered A	gen	nt signature require	d when reinstating) DATE
12.	·	OFFICERS A	AND DIR		_	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				DELETE	1.1 TITLE	=		Change Addition
NAME	MORREL					1.2 NAME	E		
STREET ADDRESS		underbird drive				1.3 STRE	EI A	ADDRESS	
CITY - ST - ZIP	MARIETT	A GA				1.4 CITY	_	1-2IP	
TITLE					DELETE	2.1 TITLE	Ē		Change Addition
NAME						2.2 NAME	E		
STREET ADDRESS						2.3 STRE	ET#	ADDRESS	
CITY-ST-ZiF	<u> </u>					2 4 CITY	*****	T - ZIP	
TILE					DELETE	3.1 THILE			Change Addition
NAME						3.2 NAME	IE.		
STREET ADDRESS						3.3 STRE	£1 A	address	
CITY - ST - ZOF						3.4. CITY		T-ZIP	
TITLE					DELETE	4.1 TITLE			Change
NAME						4. 2 NAM	-		
STREET ADDRESS								ADDRESS	
CITY-ST-ZIF	}		-,		DELETE	4.4 CITY		r ZIP	Change Addition
TITLE					DELETE	5.1 TITLE			L. Change L. Addition
NAME						5.2 NAM			
STREET ADDRESS								ADORESS	
C:TY - ST - 7IP					DELETE	5 4 CITY		1 - ZIP	Change Addition
TITLE					ייין מררכוב	6 1 TITLE			L. Citange L. Aconion
NAME:						6.2 NAMI			
STREET ADDRESS								ADDRESS	
CITY-ST-7IP	hu partitude	at the information of	direct section	thus have s	done not aval	6 4 CITY			in Scotion 110 07/2)(i) Florido Statutos Liturbos partifu that the
informati Lam an d	on indicated officer or dire	on this annual report of	or supple For the r	emental anr ecciver or t	nual report is rustee empov	true and act vered to exe	:cu	rate and that r	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name

FILED Jan 17 1997 8:00am Secretary of State



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