

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000027585 (7)**

1. Corporation Name

COMPUTERIZED BILLING COMMUNICATION, INC.



Principal Place of Business	Mailing Address
10910 WEST FLAGLER STREET	10910 WEST FLAGLER STREET
SUITE 104	SUITE 104
MIAMI FL 33174-1246	MIAMI FL 33174-1246

2. Principal Place of Business	2a. Mailing Address
21 11200 W. FLAGLER ST	26 11200 W. FLAGLER ST
22 214	27 214
23 MIAMI FL	28 MIAMI FL
24 33174 25 USA	29 33174 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/14/1993	04/04/1995
4. FEI Number 65-040233#	Applied For Not Applicable
NOT APPLICABLE	
5. Certificate of States Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WE MEAN BUSINESS, INC.		81 Name	
9999 SUNSET DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 202		83	
MIAMI FL 33173-4663		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0302 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. They hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D FORT, DANIEL
STREET ADDRESS	10910 WEST FLAGLER STREET, SUITE 104
CITY-ST-ZIP	MIAMI FL 33174-1246
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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 of the corporation, appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)