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**PROFIT** CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000053211 (7)

AMERICAN BILLING COMPANY

## **FILED** Apr 01 1998 8:00am Secretary of State



| Principal Place of Business   |  |         | Mailing Address  |                   |  | •   |                                       |                        |
|---|--|---------|--|-------------------|--|---|---------------------------------------|------------------------|
| 1730 EAST COMMERCIAL BLVD.<br>FORT LAUDERDALE FL 33334  |  |         | 1741 EAST COMMERCIAL BLVD.<br>FORT LAUDERDALE FL 33334 |                   |  | DO NOT WRITE IN THIS :                                | PDACE                                 |                        |
|   |  |         |  |                   |  |   | SFACE                                 |                        |
|   |  |         |  |                   |  | 3. Date Incorporated or Qualified                     |                                       |                        |
|   |  |         |  |                   |  | 07/29/1993  |                                       |                        |
| 2. Principal Place of Business  |  |         | 2a. Mailing Address                                    |                   |  | 4. FEI Number   |                                       | pplied For             |
| 21  |  |         | 26   |                   |  | 65-0426063  |                                       | lot Applicable         |
| Suite, Apt. #, etc.   |  | 27 S    | Suite, Apt. #, etc.                                    |                   |  | 5. Certificate of Status Desired                      |                                       | Additional<br>lequired |
| City & State  |  | C       | City & State   |                   |  | 6, Election Campaign Financing                        | \$5.00                                | May Be                 |
| 23  |  | 28      |  |                   |  | Trust Fund Contribution                               |                                       | to Fees                |
| Zip   | Country 7ip                            |         | Country  | ,                 | 8. This corporation owes or has paid the cur | rent year Ir  | ntangible                             |                        |
| 24  | 25                                     | 29      |  | 30                |  | Personal Property Tax due June 30.                    | Yes [                                 | □No                    |
|   | g, Name and Address of Current         | Registe | ed Agent   | - <b>1</b>        |  | 10. Name and Address of New Registered                | Agent                                 |                        |
| KA  | ssin. Kenneth MD                       |         |  | 81                | Name   |   |                                       |                        |
| 1736 EAST COMMERCIAL BLVD   |  |         |  | -                 | Charle                                       | diam (D.O. De Marter le National de la Contraction    |                                       |                        |
| FORT LAUDERDALE FL 33334  |  |         |  | 82                | Street A                                     | ddress (P.O. Box Number is Not Acceptable)            |                                       |                        |
| FO  | III LAUDENDALE IL 00004                |         |  | 83                |  | · · · · · · · · · · · · · · · · · · ·                 |                                       |                        |
|   |  |         |  |                   |  |   |                                       |                        |
|   |  |         |  | 84                | City   | F-1   | <b>85</b> Zip                         | Code                   |
|   |  |         |  | <u></u>           | <u> </u>                                     | FL  |                                       |                        |
| 11. Pursuant  | to the provisions of Sections 607.0502 | and 607 | 1508, Florida Statu                                    | utes, the abov    | e-named o                                    | corporation submits this statement for the purpose of | changing                              | its registered         |
| 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   |  |         |  |                   |  |   |                                       |                        |
| Signature, hyped or printed name of registered agent and title if applicable (NOTE Re   |  |         |  | D1E Registered Ag | ent signature n                              | equired when reinstating) DATE                        | · · · · · · · · · · · · · · · · · · · | • · · · · · ·          |
| 12.   | OFFICERS AND                           | DIRECT  |  | 13.               |  | ADDITIONS/CHANGES TO OFFICERS AND                     |                                       |                        |
| TITLE   | PVST                                   |         | ☐ DELETE   | 1.1 TITLE         |  |   | Change                                | Addition               |
| NAME  | Kassin, Kenneth B                      |         |  | 1.2 NAME          | 1  |   |                                       |                        |
| STREET ADDRESS 1730 EAST COMMERCIAL BLVD.   |  |         | •  |                   | ADDRESS                                      |   |                                       |                        |
| CITY-ST-ZIP   | FORT LAUDERDALE FL 33308               |         |  | 1.4 CITY - 9      | iT-ZIP                                       |   |                                       |                        |
| TITLE   | D                                      |         | DELETE   | 2.1 TITLE         |  | <del> </del>  | Change                                | ☐ Addition             |
| NAME  | Kassin, Kenneth B                      |         |  | 2.2 NAME          | 1  |   |                                       |                        |
| STREET ADORESS  | 1730 E. COMMERCIAL BLVD.               |         |  | 2 3 STREET        | ANNBESS                                      |   |                                       |                        |
| CITY-ST-ZIP   | FORT LAUDERDALE FL 33308               |         |  | 2 4 CITY-         |  |   |                                       |                        |
| TITLE   | TOTAL BRODE TO GOOD                    |         | DELETE   | 31 TITLE          | 31-ZIF                                       |   | Change                                | Addition               |
|   |  |         |  |                   | į į  |   | onenge                                |                        |
| NAME  |  |         |  | 3.2 NAME          |  |   |                                       |                        |
| STREET ADDRESS  | Secretary Section                      |         |  | 3 3 STREET        |  |   |                                       |                        |
| CITY-ST-ZIP   |  |         |  | 3.4. CITY-        | ST-ZiP                                       | <u> </u>  |                                       |                        |
| TITLE   |  |         | ☐ DELETE   | 4.1 TITLE         | - 1  |   | Change                                | ☐ Addition             |
| NAME  |  |         |  | 4. 2 NAME         |  |   |                                       |                        |
| STREET ADDRESS  |  |         |  | 4.3 STREET        | ADDRESS                                      |   |                                       |                        |
| CITY-ST-ZIP   |  |         |  | 4.4 City-5        | T-21P  |   |                                       |                        |
| TITLE   |  |         | ☐ DELETE   | 5.1 TITLE         |  |   | Change                                | ☐ Addition             |
| NAME  |  |         |  | 5.2 NAME          |  |   |                                       |                        |
| STREET ADDRESS  |  |         |  | 5.3 STREET        | ADDRESS                                      |   |                                       |                        |
| CITY-\$T-ZIP  |  |         |  | 5.4 CiTY-5        | ST-ZIP                                       |   |                                       | }                      |
| TITLE   |  |         | DELETE   | 6.1 TrTLE         |  |   | Change                                | Addition               |
| NAME  |  |         |  | 6.2 NAME          | - }  |   |                                       |                        |
| STREET ADDRESS  |  |         |  | 6.3 STREET        | Anneree                                      |   |                                       |                        |
| 1   |  |         |  |                   | 1  |   |                                       |                        |
| CITY-ST-ZIP   |  |         |  | 6.4 CłTY - 5      | T-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.