

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000045019 (4)

1. Corporation Name

B & D BILLING SERVICES, INC.

Principal Place of Business

6100 HOLLYWOOD BLVD.  
STE. 105  
HOLLYWOOD FL 33024

Mailing Address

P.O. BOX 8068  
PEMBROKE PINES FL 33084  
US

FILED  
Apr 25 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21 3700 Washington St.		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 200		27	
City & State		City & State	
23 Hollywood FL		28	
Zip		Country	
24 33021		25 USA	
29		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1994	04/02/1996
4. FEI Number	Applied For
65-0498636	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLOOM, RICHARD B 6100 HOLLYWOOD BLVD. HOLLYWOOD FL 33024		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		3700 Washington St.	
		83 #200	
		84 City	
		Hollywood	
		FL	
		85 Zip Code	
		33021	

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, RICHARD B	1.2 NAME	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	3700 Washington St. #200
CITY-ST-ZIP	HOLLYWOOD FL 33024	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 oath; that I am an officer or director of the corporation or its 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.

SIGNATURE \_\_\_\_\_ 4/10/97 954-987-9302

CR2ED34 (9/96)