

5-20-98 B-7838 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021246 (0)

1. Corporation Name

C & A BILLING SERVICE, INC.

Principal Place of Business

PO BOX 221341
HOLLYWOOD FL 33022
US

Mailing Address

PO BOX 221341
HOLLYWOOD FL 33022
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

65-0567422

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 PO Box 17146

Suite, Apt. #, etc.

22 City & State
23 Plantation

24 Zip
33318

25 Country
Broward

2a. Mailing Address
26 PO Box 17146

Suite, Apt. #, etc.

27 City & State
28 Plantation

29 Zip
33318

30 Country
Broward

9. Name and Address of Current Registered Agent

CAMPBELL, LYNDA
2449 TAYLOR ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name ARCHER, LYNDA

82 Street Address (P.O. Box Number is Not Acceptable)

83 41 N. FIG TREE LANE

84 City PLANTATION FL 85 Zip Code 33317

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: Typed or printed name of registered agent or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ARCHER, JEFFERY
STREET ADDRESS 2449 TAYLOR ST
CITY-ST-ZIP HOLLYWOOD FL
☐ DELETE

TITLE VS
NAME ARCHER, LYNDA
STREET ADDRESS 2449 TAYLOR ST
CITY-ST-ZIP HOLLYWOOD FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Archer, Jeffery
1.3 STREET ADDRESS 41 N. Fig Tree Lane
1.4 CITY-ST-ZIP Plantation, FL 33317
☒ Change ☐ Addition

2.1 TITLE VS
2.2 NAME Archer, Lynda
2.3 STREET ADDRESS 41 N. Fig Tree Lane
2.4 CITY-ST-ZIP Plantation FL 33317
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Lynda Archer

5/12/98 954/327-2017

CR2E034 (10/97)