**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021246

C & A BILLING SERVICE, INC.

Principal Place	e of Business	Mailing Address	iling Address						
PO BOX 17146	PO BOX 17146	•							
PLANTATION FL	L 33318	PLANTATION FL 33318				DO MOTAMPITÉ IN THE SPACE			
us us						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
}						,			1
						03/15/1995			-11-4 5-4
Principal Place of Business     2a. Mailing Address						4. FEI Number		_ <del>                                    </del>	plied For
21 26						65-0567422			ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc			ہے۔ یہ بست			5 - Certificate of Status Desired	□ <u>-</u>		Additional equired
22 27									
City & State	City & State	ate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	28	Country			Trust Fund Contribution	_		to Fees	
Zip	Zip Country Zip			У		8. This corporation owes the current	nt year Inta		,
24	25	29 3	0			Personal Property Tax.		Yes	∑ No
	9. Name and Address of Curre	nt Registered Agent	—			10. Name and Address of New Re	gistered A	gent	
ADC	HED LYNDA		8	Na	me				
ARCHER, LYNDA			82	Str	eet Address (P.O. Box Number is Not Acceptable)				
41 N FIG TREE LANE				113, 771 63 3 80 meer in 155				<u> </u>	
PLANTATION FL 33317			83	3				, , , , , , , , , , , , , , , , , , ,	A STATE OF
			84	4 Cit	у		FI		Code
dd Disassant	to the groupless of Continue 607 050	22 and 607 1509 Florida Statutes	the sho	(0.020	ned corno	ration submits this statement for the p	urpose of o	hanging its	registered
l office or re	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut	norized by	y the c	orporation	's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE									- 1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					ture required v	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS ANI		
TITLE	P	☐ DELETE	1.1 TITLE		ļ			Change	Addition
NAME	ARCHER, JEFFERY		1.2 NAME		İ				]
STREET ADDRESS	41 N FIG TREE LANE		1.3 STREE	ET ADDR	ESS				1
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-	ST-ZIP					
TITLE	VS	☐ DELETE	2.1 TITLE				•	Change	Addition
NAME	ARCHER, LYNDA	ICHER, LYNDA 22N							
STREET ADDRESS:	44 41 510 5005 1 4415		2.3 STRE	ET ADDR	ess				
1	PLANTATION FL 33317	المستقدين برديه ما ال	2. 4 CITY-			المستعلي المراجع العرابية فالمتا			- (
CITY-ST-ZIP	TEANTAMONTE 33317	☐ DELETE	3.1 TITLE		<del></del>			[] Change	Addition
TITLE			3.2 NAME					· J-	_
NAME									Í
STREET ADDRESS			3.3 STRE		ESS				
CITY-ST-ZIP		□ pc:c+r	3.4. CITY-					Change	Addition
TITLE		☐ DELETE	4.1 TITLE					∟ Criange	
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE	ET ADDR	ESS				
CITY+ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			•		Change	☐ Addition
NAME			5.2 NAME						
STREET ADORESS			5.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP			5,4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					[] Change	Addition
NAME			6.2 NAME						
STREET ADDRESS	1	•	6.3 STRE	ET ADDR	ESS				į.

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90088 005 \*\*\*150.00