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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024209 (5)

1. Corporation Name
A-CLAIM ELECTRONIC BILLING, INC.

Principal Place of Business
802 CANDLE BERRY ROAD
ORLANDO FL 32825

Mailing Address
802 CANDLE BERRY ROAD
ORLANDO FL 32825-6321



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1995		3a. Date of Last Report 08/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3336803		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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

ROBERTS, JAMES D
802 CANDLE BERRY ROAD
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name CRAWFORD, LINDA E
82 Street Address (P.O. Box Number is Not Acceptable)
902 CANDLE BERRY RD
83 ORLANDO
84 City ORLANDO FL 85 Zip Code 32825

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

Linda E Crawford

(NOTE: Registered Agent signature required when reinstating)

3/8/97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	ROBERTS, JAMES D.	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	802 CANDLE BERRY ROAD	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32825	2.1 TITLE		2.2 NAME	
				2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	V	NAME	CRAWFORD, LINDA E.	3.1 TITLE		3.2 NAME	
STREET ADDRESS		STREET ADDRESS	802 CANDLE BERRY ROAD	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32825	4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	V	NAME	CRAWFORD, NATHAN	5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS	802 CANDLE BERRY ROAD	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32825	6.1 TITLE		6.2 NAME	
				6.3 STREET ADDRESS		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 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:

Linda E Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/97

DATE

(407) 273-8870

DAYTIME PHONE

0084630

CR2E034 (9/96)