FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

ISSO POEMONESES (A)

DOCUMENT # P95000065650 (0)

1. Corporation Name

ALTERNATIVE BILLING SERVICES, INC.

Principal Place of Business Mailing Address

4733 SOUTHWEST 1 STREET MIAMI FL 33134		4733 SOUTHWEST 1 S MIAMI FL 33134	4733 SOUTHWEST 1 STREET MIAMI FL 33134		Date Incorporated or Qualified	3a. Date n	f Last Report	
					08/24/1995	Jan Date C	. Ecot i aport	
2. Principal Pla	ce of Business	2a. Mailing Address	k		4. FEI Number 65-060854	6	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30 Cou	ntry	110100	S No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				83 84 Cily	11 ANI	FL imose of chan	85 Zio Code 33/34	
or registere familiar wit	o the provisions of Sections 607.6 ed agent, or both, in the State of the and accept the obligations of, the sections of the section of the sections of the sections of the section of the sectio	Horida, Such change was a⊣thor.	zea by the is:	corporation's boa	rd of directors. Thereby accept the app	pointment as r	egistered agent. I am	
SIGNATURE ,	Signature hypercompanie disserve of regularist	agrico di troncapo et de d	OIL Boyes o	Agont Sapari removale		PIAC		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		Change Addition	
TITLE	PSTD	1310		TILE		L.	J Glienge LJ Addition	
NAME	CONTRACT, INCOME.		121					
STREET ADDRESS	4700 00011111201 7 0111001		FREET ADDRESS					
CITY-ST-ZiP	MIAMI FL 33134			PIY-SI-7:P			Change Addition	
TITLE		DELETE	2.1			L.	1 2.2. do 1 1.22.10.	
NAME				IAME		-		
STREET ADDRESS	1		233	TREET ADDRESS				

24 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZiP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 THILE TITLE 4.2 NAME NAME 4.3 SIRSEL ADDRESS STREET ADDRESS 4.4.011Y - S1 - ZIP CHTY-ST-ZIP ☐ Change Addition DELETE 5 1 TILE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACORESS 5.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME

6.4 CTY-ST-ZIP

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

€ 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (305) 443 1024

32E034 (12/95)