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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

SARASOTA FL 34231

DOCUMENT # P95000092312 (4)

C & R BILLING/MARKETING CORP.

Principal Place of Business Mailing
1807 PINE BAY ROAD 1607

Mailing Address

1607 PINE BAY ROAD SARASOTA FL 34231

FILED Mar 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

| | | | | | | | | | 12/05/1995 | | | |
|---|---|-------------|---------------------|----------|-------|-----------|---|---|-----------------------------------|---------------------|------------------------|--|
| 2. Principal P | lace of Busine | 2a. Ma | 2a. Mailing Address | | | | | 4. FEI Number | \ \- | Applied For | | |
| 21 | | | | 26 | | | | | <u>65-0638518</u> | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | Additional Required | |
| 22 | | | | | | | | | | | | |
| 23 | 0 | 28 | City & State | | | | 1 | 6. Election Campaign Financing Trust Fund Contribution | | May Be d to Fees | | |
| Zip | | Country | | Zip Cou | | | | | | | | |
| 24 | 25 | | 29 | 29 | | 30 | | ļ | | | ∏ No | |
| | 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| SARASOTA FL 34239 | | | | | | | Name | | | | | |
| | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | 62 Street Address (F.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | 63 | | | | | |
| 1 | | | | | | 84 | | | | | | |
| | | | | | | | City | | FL | 85 Zip | o Code | |
| 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 | | | | | | | | | | | | |
| 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 and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| į 12. | | OFFICERS AN | D DIRECTOR | | 13 | | | | ADDITIONS/CHANGES TO OFFICERS AND | | | |
| TITLE | • | | | | 1.1 | 1.1 TITLE | | | | Change | Addition | |
| NAME | | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | STREET | ADDRESS | | | | | |
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| NAME | SHEA, CHARING 222 N. | | | | | NAME | | | | | | |
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| CITY-ST-2IP | \$ARA\$OTA FL 34231 2.40 | | | | | | T-ZIP | | | | | |
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| NAME | | | | | 3.2 | MAME | | | | | i | |
| STREET ADDRESS | | | | | 3.3 5 | STREET | address | | | | | |
| CITY-ST-ZIP | 3.4. CI | | | | | | T-ZIP | | | | | |
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| NAME | | | | | 4.2 | NAME | } | | | |] | |
| STREET ADDRESS | | | | | 4.3 5 | STREET | address | | | | | |
| CITY-ST-ZIP | | | | | 4.4 (| CITY-ST | - ZIP | | | | | |
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| NAME | | | | | 5.21 | NAME | ļ | | | f | 4S | |
| STREET ADDRESS | | | | | 5.3 5 | STREET | ADDRESS | | | σ | え・コハ | |
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| TITLE | | | | ☐ DELETE | 6.1 1 | IITLE | | | 60000246454 -03/23/980100801 | Change | ☐ Addition | |
| NAME | | | | | 6.21 | AME | | | | Ťρ | | |
| STREET ADDRESS | | | | | 6.3 8 | TREET A | ADDRESS | | -03/23/380100801 | .3 | | |
| CITY-ST-ZIP | | | | | | CITY-ST | | | ***150.00 | | | |
| 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 frue 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 rustee 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. | | | | | | | | | | | | |