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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 004 ***150.00

DOCUMENT # P95000092312

	oration Name			ł
C &	R BILLING CORP			
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Principal	Place of Business	Mailing Address		3 (COMPA) (10 1010) BINN BONN SOME SOME SOME NAME (110) NOTE (10)
•	BAY ROAD	1607 PINE BAY ROAD		·
	A FL 34231	SARASOTA FL 34231		DO MOT WINTER IN THE OBACE
				DO NOT WRITE IN THIS SPACE
	1			3. Date Incorporated or Qualifed 12/05/1995
2. Princir	pal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	1	26		65-0638518 Not Applicable
Suite,	, Apt. #, etc.	Suite, Apt. #, etc.		_ \$8.75 Additional
22	4	27		5. Certificate of Status Desired
City &	MState	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	- Country	28	Country	
Zip	Country		n '	8. This corporation owes the current year Intangible Personal Property Tax.
24	25 9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
	. 9. Name and Address of Current	r Vediateien Maiit	81 Name	
	SHEA, JOHN			
	2940 SOUTH TAMIAMI TRAIL		82 Street	t Address (P.O. Box Number is Not Acceptable)
	SARASOTA FL 34239		83	
	!			
	1		84 City	FL 85 Zip Code
11 Dure	cuant to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named	d corporation submits this statement for the nurnose of changing its registered
office	a or registered agent or both in the State:	of Florida. Such change was autho	orized by the corp	poration's board of directors. I hereby accept the appointment as registered
	nt. I am familiar with, and accept the obliga	tions of, Section 607.0505, Fiorida	i Statutes.	
SIGNAT	TIDE			
	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Reg	jistered Agent signature	required when reinstating) DATE
12.	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature, typed or printed name of registered ager			
	Signature, typed or printed name of registered ager OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	Signature, typed or punted name of registered ager OFFICERS AN D SHEA, ROGER	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADD	Signature, typed or punted name of registered aper OFFICERS AN D SHEA, ROGER 1607 PINE BAY ROAD CARDOCTA FL 24221	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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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 autochment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SCHOOL AND TYPED DIVERSITIED NAME OF SIGNING OFFICER OR DIRECTO

15 29 (94) 923,11/2 Date Daytime Phone #