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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P96000012870 (7) **BILLING SOURCE, INCORPORATED** Principal Place of Business Mailing Address 2001 9TH AVENUE 2001 9TH AVENUE SUITE 201 SUITE 201 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32980 VERO BEACH FL 32960 3. Date Incorporated or Qualified 02/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0644446 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6 Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name WELTER, PETER **1867 20TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32980 84 City 85 Zip 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 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. Stonature, lyped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature regulard when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 11 TITLE **WELTER, PETER** NAME 1.2 NAME 1867 20TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960-2 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE NAME 6.2 NAME

14. Thereby 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 attach with which address.

SIGNATURE:

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 11 1998 8:00am