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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000049467 (9)

INTERCOASTAL BILLING SERVICES, INC.

## **FILED** May 11 1998 8:00am Secretary of State



ĺ					1
Principal Plac	e of Business	Mailing Address			
180 8TH AVE 180 8TH AVE VERO BEACH FL 32962 VERO BEACH FL 32962					DO NOT WRITE IN THIS SPACE
İ					3. Date incorporated or Qualified
					06/11/1996
2. Principal P	Place of Business	2a. Mailing Addyess			4. FEI Number Applied For
21		26 P.O BOX 6:	15 P.O BOX 651248		65-0672161 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State  28 Vero Beach	28 Vero Berch F1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25	28 32965	10 E	e	Personal Property Tax due June 30. Yes No
	g, Name and Address of Curr				10. Name and Address of New Registered Agent
К	ETTY, KIMBERLY A		81	Name	
	0 8TH AVE		8:	Street	t Address (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32962			"	Ollege.	A Address (1.0. Dox Northber is 140t Addeptable)
			83	3	
			84	City	les   7ic Codo
				'	FL 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 to the State of Plorida. 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 obligation of Syction 607.0505, Florida Statutes.					
SIGNATURE COLLEGE VIDA 198 98					
	Signature, typed or profest name of registered a			ent signature	re required when reinstating) CATE
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D COTTO LINION I	☐ DELETE	1.1 TITLE	ļ	Change Addition
NAME OTREET ADDRESS	KLETTY, LINDA J		1.2 NAME		
STREET ADDRESS	180 8TH AVE VERO BEACH FL 32982			T ADDRESS	
CITY-ST-ZIP TITLE	D DEACH PL 32802	DELETE	1.4 CITY- 2.1 TITLE	SF-ZIP	Change Addition C
NAME	KLETTY, RICHARD F JR	_ otter	2.2 NAME		Change D Addition
STREET ADDRESS	444 451 414			T ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962		2.4 CITY-		
TITLE	D	DELETE	3.1 TITLE	31-ZIF	Change Addition
NAME	KLETTY, KIMBERLY A	<del></del>	3.2 NAME		
STREET ADDRESS	180 8TH AVE			T ADDRESS	1120 24th 01.50
CITY-ST-ZIP	VERO BEACH FL 32962		3.4. CITY-		1130 845 PC. SW Vego Beach, F1 32962
TITLE	TAIL PRINTING VEGUE	DELETE	4.1 TITLE	OI-EIL	Change Addition
NAME		<del></del>	4. 2 NAME	.	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 City-		
TITLE		☐ DELETE	5.1 TITLE	J. 2	Change Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY - ST - ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE	UT EH	☐ Change ☐ Addition
NAME		<del>-</del>	6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CiTY-	i	
	artifuthat the information supplied	the string filling plants and accepts for	6.4 1.111	OI EN	1

indicated on this annual report or 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 uttachment with an address.

\*\*Kimberty R. Kletty\*\*

\*\*Received\*\*

\*\*Rec