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 **FILED**

Apr 21 1998 8:00am

Secretary of State

1998

· ·	JMENT # P96000 PRO BILLING, INC.	0085360 (1))			
MILU	THO DIELING, INC.					
Principal Pla	ace of Business	Mailing Address		T (BBRIDDA AIR TOALS DAVID DAV	.TR. DBKB1 IDIDA DIADA IINAD DIANI DDNI IDDN	
	1928 NE 154TH ST 1928 NE 154TH ST					
NO MIAMI BEACH FL 33162 NO MIAMI BEACH FL 3316			3162	DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				10/16/1996		
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite An	21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0701107	Not Applicable	
22 Suite, Ap				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24	25 Name and Address of Course	29	30	Personal Property Tax due June	30. LaYes □ No	
ļ	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	glatered Agent	
	ARKS, JEFFREY N					
1990 NE 163RD STREET STE 205 MIAMI FL 33162			82 Street	Address (P.O. Box Number is Not Acceptable	ole)	
MIAMI PL 33102			83			
			100			
			84 City		FL 85 Zip Code	
11. Pursuan office or agent. I	t to the provisions of Sections 607 0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, F	ites, the above-named authorized by the corlorida Statutes.	corporation submits this statement for the p poration's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: R 12. OF FICERS AND DIRECTORS			TE: Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	P OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	BARCHAN, LEE		1.2 NAME	V. \-	Use Undrigo recursor	
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	NO MIAMI BEACH FL		1.4 City - ST - ZiP		,	
TITLE	VP	DELETE	2.1 TITLE	Pres.	Change	
NAME	ZACHARIASZ, MELISSA		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP			
TITLE	S NOCOWAN POORLYN	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME OTREET ADDRESS	MCGOWAN, ROSELYN		3.2 NAME			
STREET ADDRESS	1928 N.E. 154 ST. N. MIAMI BEACH FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	IT. MINIMI DENOTE LE	DELETE	3.4. CITY-ST-ZIP 4 1 TITLE		Change Addition	
NAME		book TTTT	4. 2 NAME		La Ondrigo La rivellion	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		- Doviers	5.4 CITY- ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	1		6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		64 CITY-ST-ZIP	<u> </u>		

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 attachment with an address.

SIGNATURE: