FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000089639

THOMAS BILLING SERVICES, INC.								
Principal Place	e of Business	М	lailing Address				T 1881 BELL TO 18110 BINT DELL BUILS BUIL DELET IBLID BITTO	
15211 SW 86TH AVE. 15211 SW 86TH AVE.								
MIAMI FL 33157 MIAMI FL 33157						DO NOT WRITE IN THIS SPACE		
	ŕ						3. Date Incorporated or Qualifed	7
							10/31/1996	ļ
Principal Place of Business 2a. Mailing Address								plied For
21 26							65-0705838 No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75	Additional
27							5. Certificate of Status Desired Fee Re	equired
City & State City & State							6. Election Campaign Financing \$5.00	May Be
23 28							Trust Fund Contribution Added	to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year Intangible	
24	25	29	·	30			Personal Property Tax. Yes	☑ No
	9. Name and Address of	f Current Regis	stered Agent		81	Name	10. Name and Address of New Registered Agent	
TUO	NAAR IANE				"	Name		
THOMAS, JANE					82	Street A	ddress (P.O. Box Number is Not Acceptable)	
15211 SW 86TH AVE. MIAMI FL 33157								
IVIIA	WII FL 33137				83			
					84	City	FL 85 Zip (Code
11 Pursuant	to the provisions of Sections	607.0502 and 6	607.1508. Florida Statut	es, the a	bove	-named d	amoration submits this statement for the numose of changing its	registered
office or re	registered agent, or both, in the	ne State of Flori	ida. Such change was a f. Section 607.0505, Fid	uthorized rida Stati	d by tutes.	the corpo	ration's board of directors. I hereby accept the appointment as re	gistered
ugent. 1 u	(1/2 M 7)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· `			4114101	
CICNIATURE	$\rightarrow \omega $		NNNUX)				
SIGNATURE	Signature, typed or printed name of region	istered agent and title	normer)		t signature re	guired when reinstating) DATE	
SIGNATURE	OFFIC	istered agent and title ERS AND DIRE	if applicable. (NOTE	Registered	Agent	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
	OFFIC OFFIC		if applicable. (NOTE	Registered	Agent	t signature re		
12.	OFFIC THOMAS, JANE		if applicable. (NOTE	13. 1.1 TII	Agent TLE VME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
12.	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE.		if applicable. (NOTE	13. 1.1 TII	Agent TLE VME	t signature rea	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
12. TITLE NAME	OFFIC THOMAS, JANE		MADICADIO (NOTE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CF	Agent TLE WE TREET. TY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12 Addition
12. (TITLE NAME STREET ADDRESS	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE.		if applicable. (NOTE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CF	Agent TLE VME TREET. TY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE.		MADICADIO (NOTE	13. 1.1 III 1.2 N/ 1.3 ST 1.4 CF 2.1 III 2.2 N/	Agent TLE WE TREET. TY-ST TLE	ADDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE.		MADICADIO (NOTE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.3 ST	Agent TLE WE TREET. TY-ST TLE AME TREET.	ADDRESS - ZIP - ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12 Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE. MIAMI FL 33157		DELETE DELETE	2. No. 3.3 ST 3.4 C 4.1 TT 4.2 No. 3.3 ST 3.4 C 4.1 TT 4.2 No. 3.4 ST 4.4 CI 4.4 CI 4.4 CI 4.4 CI 5.5 C 7.5	Agent TLE AME IREET. TY-ST TLE AME IREET TLE AME IREET TLE AME IREET TLE AME IREET IT-ST	ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	PRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE. MIAMI FL 33157		DELETE DELETE	23 ST 2. 4 C 3.1 TT 3.2 N/3 3.5 T 4.4 CT 4.1 TT 4.2 N/4 3.3 ST 4.4 CT 4.1 TT 4.2 N/4 4.3 ST 4.4 ST 4.5 T 4.5	Agent TLE AME TY-ST TTE AME TREET, TTE TTE TTE TTE TTE TTE TTE TTE TTE	ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12 Addition Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE. MIAMI FL 33157		DELETE DELETE	23 ST 2. 4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.3 S	Agent TLE AME TREET. TTLE TTLE TTLE TTLE TTLE TTLE TTLE	ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE. MIAMI FL 33157		DELETE DELETE	23 ST 2. 4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.3 S	Agent TLE AME IREET. TTLE AME	ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFIC DP THOMAS, JANE 15211 SW 86TH AVE. MIAMI FL 33157		DELETE DELETE DELETE	2. No. 3.3 ST 4.4 CI 5.1 TT 4.2 No. 4.3 ST 4.4 CI 5.1 TT 5.2 No. 4.3 ST 4.4 CI 5.1 TT 5.2 No. 5.3 ST 5.4 CI 5.1 TT 5.2 No. 5.3 ST 5.2 CI 5.1 TT 5.2 No. 5.3 ST 5.2 CI 5.2 TT 5.2 No. 5.2 ST 5.2 CI 5.2 TT 5.2 No. 5.2 ST 5.2 CI 5.2 TT 5.2 No. 5.2 ST 5.2 No. 5.2 ST 5.2 TT 5.2 No. 5.2 ST 5.2 ST 5.2 TT 5.2 No. 5.2 ST 5.	Agent TLE AME TY-ST- TTE TTE TTE TTE TTE TTE TTE TTE TTE T	ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12 Addition Addition Addition Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP