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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000054803 (6)

AV ELECTRONIC BILLING SERVICES, INC. Principal Place of Business Mailing Address 13817 STONE MILL WAY 13817 STONE MILL WAY **TAMPA FL 33613** TAMPA FL 33613 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3454004 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Z 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Żφ Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MRIADNA AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 Agunat 11. Pursuant to the provisions of Sections 607 0002 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 Stute of Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I protacolitate obtained the obtained by the corporation's board of directors. Thereby accept the appointment as registered agent. I protacolitate obtained by the corporation's board of directors. Thereby accept the appointment as registered agent. I protacolitate obtained by the corporation of the corporation of directors. Thereby accept the appointment as registered agent. VICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change ☐ Addition VITALE, ARADNA R NAME 1.2 NAM8 13817 STONE MILL WAY STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME

CITY - ST - ZIP 14. Thereby certify that the information supplied with this bling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching divitin an address.

4.3 STREET ADDRESS 44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

NAME STREET ADORESS

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Change

Change

Addition

Addition

**FILED** 

Mar 10 1998 8:00am

Secretary of State