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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073259

1. Corporation Name

KS BILLING SERVICE INC

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90008 010 ***150.00

	NG SERVICE, INC.				
D-111-D1	- A D	Mailing Address			1 10000 INIA HADI BIHA 1011 IOSI
Principal Place		Mailing Address			•
816 W. HOLLYV TAMPA FL 3360		816 W. HOLLYWOOD ST. TAMPA FL 33604		DO NOT WRITE IN THI	e edace
	•			3. Date Incorporated or Qualifed	3 31 AGE
				08/22/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	0 1	4, FEI Number	Applied For
21 3893	36 lucker Kd	26 38 936 14	ckerkol	59-3463617	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	jero bij dinagas b	City & State			Fee Required \$5.00 May Be
City & State	surhills Fol	28 Zephyrhi	11s FX	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
za 335	40 25 PASCO	29 33540 30	PASCO	Personal Property Tax.	XX Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
			81 Name		
	KINS, CARL T		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
7345 JACKSON SPRINGS ROAD #3		Jan Substitut	aroos (1.0) Box (married to the tree parameter)		
TAM	PA FL 33634		83		
			84 City	F	85 Zip Code
11 Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named co	rnoration submits this statement for the numose (of changing its registered
l office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	ionzed by the corpora	ation's board of directors. I hereby accept the appoint	ointment as registered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.		ſ
SIGNATURE	Signature, typed or printed name of registered agent	NATE B			}
		tand title if applicable (NO it: Rê	egistered Agent signature regu	uired when reinstating) DATE	
				ADDITIONS/CHANGES TO OFFICERS A	AND, DIRECTORS IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
12. TITLE	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME	D OFFICERS AND MILLER, SUSAN L	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A Miller Susan	Change
12. TITLE NAME STREET ADDRESS	D MILLER, SUSAN L 816 W. HOLLYWOOD ST.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A DMILLER SUSCION 38936 Tucker Road	Change
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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.

SIGNATURE &