

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075660 (5)

1. Corporation Name

CENTRAL FLORIDA BILLING ASSOCIATES, INC.

Principal Place of Business

1015 TERRY DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

1015 TERRY DRIVE
ALTAMONTE SPRINGS FL 32714

FILED
Apr 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3454805

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GALLAGHER, HELEN B
1015 TERRY DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 both, in the State of Florida. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: **4/14/98**

12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		NAME		STREET ADDRESS		TITLE		NAME	
NAME				CITY-ST-ZIP		NAME		CITY-ST-ZIP	
D		GALLAGHER, HELEN B		1015 TERRY DRIVE		21		NAME	
TITLE		NAME		STREET ADDRESS		22		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		23			
STREET ADDRESS						24			
CITY-ST-ZIP						25			
TITLE		NAME		STREET ADDRESS		26		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		27			
STREET ADDRESS						28			
CITY-ST-ZIP						29			
TITLE		NAME		STREET ADDRESS		30		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		31			
STREET ADDRESS						32			
CITY-ST-ZIP						33			
TITLE		NAME		STREET ADDRESS		34		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		35			
STREET ADDRESS						36			
CITY-ST-ZIP						37			
TITLE		NAME		STREET ADDRESS		38		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		39			
STREET ADDRESS						40			
CITY-ST-ZIP						41			
TITLE		NAME		STREET ADDRESS		42		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		43			
STREET ADDRESS						44			
CITY-ST-ZIP						45			
TITLE		NAME		STREET ADDRESS		46		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		47			
STREET ADDRESS						48			
CITY-ST-ZIP						49			
TITLE		NAME		STREET ADDRESS		50		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		51			
STREET ADDRESS						52			
CITY-ST-ZIP						53			
TITLE		NAME		STREET ADDRESS		54		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		55			
STREET ADDRESS						56			
CITY-ST-ZIP						57			
TITLE		NAME		STREET ADDRESS		58		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		59			
STREET ADDRESS						60			
CITY-ST-ZIP						61			
TITLE		NAME		STREET ADDRESS		62		CITY-ST-ZIP	
NAME				CITY-ST-ZIP		63			
STREET ADDRESS						64			
CITY-ST-ZIP						65			

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:

CR2E034 (10/97)