Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90099 014 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000075660

1. Corporation	L FLORIDA BILLING ASSOC	CIATES, INC.				
Principal Place of Business Mailing Address						1 1991/991 ting south sain sain sain sain sain sain sain sain
1015 TERRY DRIVE 1015 TERRY DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 3271						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/29/1997
2. Principal P	lace of Business	· 2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
21		26				<b>59-3454805</b> Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			<b>-</b>	5. Certifcate of Status Desired
City & Stat	e	City & State				6. Election Campaign Financing 55.00 May Be
23		28			•	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the current year Intangible
24	25	11	30			Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
GALLAGHER, HELEN B 1015 TERRY DRIVE ALTAMONTE SPRINGS FL 32714			լ	82	Street Addr	fress (P.O. Box Number is Not Acceptable)
]			1	84	City	FL 85 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 register 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 X LIEU Mallocher						41=199
GIGHT TOTAL	Signature, typed or printed name of registered age			Agen	t signature require	red when reinstating) DATE DATE DATE DATE DATE DATE DATE DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D	☐ DELETE	1,1 111			C Ontaings C / Marie
NAME	GALLAGHER, HELEN B		1.2 NA			
STREET ADDRESS	1015 TERRY DRIVE				ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	DELETE	1.4 CITY-5 2.1 TITLE		T-ZIP	☐ Change ☐ Additi
TILE		C) Detele			1	
NAME			2.2 NAME 2.3 STREE			
STREET ADDRESS						
TITLE		☐ DELETE	2. 4 CITY 3.1 TITLE		11-ZIP	☐ Change ☐ Additi
1			3.1 THE			. — • —
NAME OZOSEZ ABOBESO					ADDRESS	
STREET ADDRESS			3.4. CI		l l	
CITY-ST-ZIP		☐ DELETE	4.1 TIT			☐ Change ☐ Additi
NAME			4.2 NA			

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

*प्राङ्कीप* 

(40) 865-677

Change

☐ Change

Addition

Addition