

APR. -30' 98 (THU) 14:04

CSC TALL

FILED

May 12 1998 8:00am

Secretary of State

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

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P97000079027  
**1. Corporation Name**  
 Sunshine State Billing Services, Inc.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
4210-7 Fowler St. Ft. Myers FL 33901	P.O. Box 5434 Key West FL 33045

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
4210-7 Fowler St. Bldg. Apt. #, etc.	P.O. 5434 Bldg. Apt. #, etc.
<b>23. City &amp; State</b>	<b>27. City &amp; State</b>
Ft. Myers FL	Key West FL
<b>24. Zip</b>	<b>29. Zip</b>
33901	33901
<b>25. Country</b>	<b>30. Country</b>
USA	USA

**8. Name and Address of Current Registered Agent**

CSC (Corporate Agents)  
 1201 Hays St.  
 Tallahassee, FL 32301-2607

**11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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:** Jill Wagner **President** **DATE:** 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jill Wagner **President** **DATE:** 4/30/98 **79412775757**

Jill Wagner

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**  
9/11/97

**4. FEI Number**  
650783431

**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

**10. Name and Address of New Registered Agent**

CR2E004 (10/97)