

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 2-20-96 B-1349 NC

DOCUMENT # **S43297** (8)

1. Corporation Name

INTEGRATED BILLING SERVICES, INC.



Principal Place of Business

Mailing Address

**21110 BISCAYNE BLVD.
SUITE 100-A
AVENTURA FL 33180**

**21110 BISCAYNE BLVD.
SUITE 100-A
AVENTURA FL 33180**

3. Date Incorporated or Qualified

04/05/1991

3a. Date of Last Report

09/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURDOCK, CHRISTINE M
3711 NE 207 TREE.
AVENTURA FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Christine M. Murdock

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVP** ☐ DELETE

NAME **MURDOCK, CHRISTINE**
STREET ADDRESS **3711 NE 207 TEER.**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **ST** ☐ DELETE

NAME **MURDOCK, CHRISTINE**
STREET ADDRESS **3711 NE 207 TEER.**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine M. Murdock

2/13/96

Date

(305) 682-1711

Daytime Phone #

CR2E034 (12/95)