SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

13 if changed, or on an attachment with an address

Jul 31 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # S56814 INSURANCE BILLING SERVICES, INC. Principal Place of Business Mailing Address 3000 E SUNRISE BLVD 3000 E SUNRISE BLVD DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1991 02/09/1996 2. Principal Place of Business Applied For 2a. Mailing Address 2016 NE 22 2016 NE 22 Street 26 Not Applicable 65-0272896 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State
Wilton 6. Election Campaign Financing \$5.00 May Be Mano 1s manors 23 Trust Fund Contribution dded to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. V Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent в1 ROBERT HERRERO, JR. & ASSOCIATES 7251 W. PALMETTO PARK ROAD **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 203 83 **BOCA RATON FL 33433** 84 City Zip Code 85 ۴l 11. Pursuant to the provisions of Soctions 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 117LE CAMMACK, DENETTE K. NAME 1.2 NAME -30000 E. SUNRISE BLVD., #16F STREET ADDRESS 1.3 STREET ADDRESS 33305 FT-LAUDERDALE FL CITY-ST-ZIP 1.4 CITY- \$1- ZIP DELETE Change Addition TITLE 2.1701F 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THUE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELE 1E Change Addition TATLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIE 4.4 CITY ST ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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

FILED

(4/97