

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S82440** (6)

1. Corporation Name

EXECUTIVE BILLING ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

**1415 NE 1ST TERRACE
CAPE CORAL FL 33909**

Mailing Address

**1415 NE 1ST TERRACE
CAPE CORAL FL 33909**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KELLER, HAROLD
1415 NW 1ST TERRACE
CAPE CORAL FL 33909**

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

04/06/1995

4. FET Number

65-0291573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Participant in the Change of Registered Agent or Office

Signature of Registered Agent, if change of registered agent is being made

Signature of Secretary or Treasurer, if change of registered office is being made

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD KAMINSKI, DONNA**
STREET ADDRESS **8715 BRISTOL PARK DR.**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **VD KAMINSKI, JACK**
STREET ADDRESS **8715 BRISTOL PARK DR.**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **SD MAGNUSON, CAROLE**
STREET ADDRESS **3919 MCKINLEY AVE.**
CITY-STATE-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME **TD MAGNUSON, JOHN**
STREET ADDRESS **3919 MCKINLEY AVE.**
CITY-STATE-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME **D KELLER, HAROLD**
STREET ADDRESS **1415 N.E. 1 TERR.**
CITY-STATE-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 registered or bonded engineer or architect 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:

John Magnuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

941-275-6723

Date

Day/Week/Phone #

CR2E034 (12/95)