

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V01752 (7)
1. Corporation Name
CONSULTANT SERVICES BILLING & COLLECTION, INC.



Principal Place of Business 10881 SW 88TH STREET STE 112 MIAMI FL 33176 US	Mailing Address 10661 SW 88TH STREET STE 112 MIAMI FL 33176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5900 SW 73rd Street Suite, Apt. #, etc. 22 Suite 208 City & State 23 South Miami FL Zip 24 33143 Country 25 US		2a. Mailing Address 26 5900 SW 73rd Street Suite, Apt. #, etc. 27 Suite 208 City & State 28 South Miami FL Zip 29 33143 Country 30 US		3. Date Incorporated or Qualified 12/23/1991	4. FEI Number 65-0301412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		5.875 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent SECKINGER, PATRICIA 10881 SW 88TH ST SUITE 112 MIAMI FL 33176				10. Name and Address of New Registered Agent 81 Name Seckinger Patricia 82 Street Address (P.O. Box Number is Not Acceptable) 5900 SW 73rd Street 83 Suite 208 84 City South Miami FL 85 Zip Code 33143		
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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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SECKINGER, PATRICIA	1.2 NAME	Seckinger Patricia
STREET ADDRESS	10661 SW 88 ST SUITE 112	1.3 STREET ADDRESS	5900 SW 73rd Street Ste 208
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	South Miami FL 33143
TITLE	S	2.1 TITLE	S.
NAME	SECKINGER, DANIEL	2.2 NAME	Seckinger Daniel
STREET ADDRESS	10881 SW 88TH STREET SUITE 112	2.3 STREET ADDRESS	5900 SW 73rd Street Ste 208
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	South Miami FL 33143
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ 1-31-98 305 1175115

CR2E034 (10/97)