

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

FILED

99 MAR 22 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT # V01752**

1. Corporation Name

**CONSULTANT SERVICES BILLING & COLLECTION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5900 SW 73RD ST #208 SOUTH MIAMI FL 33143 US		5900 SW 73RD ST #208 SOUTH MIAMI FL 33143 US	
2. Principal Place of Business	2a. Mailing Address		
21 5900 SW 73 Street	26 POBox 43-1098		
22 Suite, Apt. #, etc. 106	27 Suite, Apt. #, etc.		
23 City & State South Miami, FL	28 City & State South Miami, FL		
24 Zip 33143	29 Zip 33243	30 Country USA	

3. Date Incorporated or Qualified 12/23/1991	4. FEI Number 65-0301412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SECKINGER, PATRICIA 5900 SW 73RD ST #208 SOUTH MIAMI FL 33143		81 Name Ray C. Barnes 82 Street Address (P.O. Box Number is Not Acceptable) Suite 106 5900 SW 73 Street 84 City South Miami FL 85 Zip Code 33143	

11. Pursuant to the provisions of Sections 602.6502 and 607.1506, Florida Statutes, the above-named corporation submit 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

PROFE-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	12 NAME	Barnes, Ray C.
STREET ADDRESS	5900 SW 73RD ST #208	13 STREET ADDRESS	Suite 106 5900 SW 73 Street
CITY-ST-ZIP	SOUTH MIAMI FL 33143	14 CITY-ST-ZIP	South Miami, FL 33143
TITLE	S	2.1 TITLE	
NAME	SECKINGER, DANIEL	22 NAME	
STREET ADDRESS	5900 SW 73RD ST #208	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	24 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:

*[Signature]* RAY C. BARNES 1/13/99 305 665-9995

CR2E034 (11/98)