

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 23 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J12573 (8)
1. Corporation Name
PAYBILL, INC.

Principal Place of Business
207 S DIXIE HWY
W. PALM BEACH FL 33401

Mailing Address
1012 W 9TH AVENUE
ATTN: TAX
KING OF PRUSSIA PA 19406-1093
US

3. Date Incorporated or Qualified 05/02/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 74-2414905	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent PAYNE, GEORGE F. 207 S DIXIE HWY W. PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEMS 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 83 PLANTATION, FL 33324 84 City FL 85 Zip Code	
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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 *Domenic A. Borriello* DOMENIC A. BORRIELLO Assistant Vice President DATE 6/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
VD PAYNE, GEORGE F. 21731 W. 31ST SO. GODDARD KS	11 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Kenneth marrama Secretary 1012 W 9th Ave King of Prussia PA 19406	11 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
D PAYNE, ROGENE J. 21731 W. 31ST SO. GODDARD KS	21 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Arthur Baer President some as above	21 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
PD JENKINS, D WAYNE 3445 N WEBB RD WICHITA KS	31 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
VD PERKINS, GREG R 3445 N WEBB RD WICHITA KS	41 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	400002221184-015 -06/24/97-01041-015 ****165.00 ****165.00	41 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 62 NAME 63 STREET ADDRESS 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Kenneth marrama*

CR2E034 (9/96)