SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J12573 1. Corporation Name

PAYBILL, INC.

(Trible) Ind	
Principal Place of Business	Mailing Address
207 S DIXIE HWY W. PALM BEACH FL 33401	1012 W 9TH AVENUE ATTN: TAX KING OF PRUSSIA PA 19406 US

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90001 026 ***550.00



	· N.					
Principal Place	e of Business	Mailing Address		,		
207 S DIXIE H		1012 W 9TH AVENUE				
W. PALM BEACH FL 33401		ATTN: TAX		DO NOT WIDITE IN THIS SPACE		
		KING OF PRUSSIA PA 1940	K	DO NOT WRITE IN THIS SPACE		
}		US		3. Date Incorporated or Qualified		
				05/02/1986		
2. Principal P	Place of Business	2a. Mailing Address	001	4. FEI Number Applied For		
21		26 9415 E. HAK	KY	74-2414905 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired \$8.75 Additional		
22		27 SUITE 20	2	5. Certificate of Status Desired Fee Required		
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 WICHITA,	165.	Trust Fund Contribution Added to Fees		
Zip	Country	Zip .	Country	8. This corporation owes the current year		
24	25	29 61201	30 USA	Intangible Personal Property. Yes X No		
24	9. Name and Address of Curre		50, 5.5.	10. Name and Address of New Registered Agent		
	5. Haille and Address of Curre	III Ivogratorou vigorii	81 Name			
СТ	CORPORATION SYSTEM			GEORGE F. PHYNE		
	O S. PINE ISLAND RD.			t Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			201 S. DIXIE HULY.		
F 1.04	INTATION PL 33324		83			
			84 City	- R5 Zip Code		
			1 1 %	VEST PALM BEACH, FL 85 Zip Code 23401		
11. Pursuant	to the previsions of sections 607.050	2-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 au	thorized by the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. 1 a	am familiar with, and accept the oblig	etions of section 607.0505, Flor	ida Statutes.	ORBE F. PAYNE 9/10/99		
SIGNATURE	1 1 M		60	ture required when reinstating) DATE		
	.Signature Aper of white ed name of registered and	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	VD OFFICERS AI		1.1 TITLE	Change Addition		
TITLE		DELETE	i i	_ * * * * * * * * * * * * * * * * * * *		
NAME	PAYNE, GEORGE F		1.2 NAME	3840 DELLWOOD ROAD		
STREET ADDRESS	21731 W. 31ST SO.		1.3 STREET ADDRESS	LOXAHATCHEE, FL. 33490		
CITY-ST-ZIP	GODDARD KS		1.4 CITY-ST-ZIP	LOXHAMICACO, FL. 35-110		
TITLE	D	DELETE	2.1 TITLE	Change Addition		
NAME	PAYNE, ROGENE J		2.2 NAME	_		
STREET ADDRESS	21731 W. 31ST SO.		2.3 STREET ADDRESS			
	GODDARD KS		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	VP VP	D	3.1 TITLE	Change Addition		
TITLE	1. **	DELETE		E Citalige Addition		
NAME	CETRULLO, RICHARD		3.2 NAME			
STREET ADDRESS	1012 W. 9TH AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		3.4 CITY-ST-ZIP			
TITLE	P	DELETE	4.1 TITLE	Change Addition		
NAME	BAER, ARTHUR	, ,	4.2 NAME			
STREET ADDRESS	1012 W. 9TH AVE.		4.3 STREET ADDRESS			
	KING OF PRUSSIA PA 19406		4.4 CITY-ST-ZIP			
CITY-ST-ZIP	NATO OF FRUSSIA PA 19400		5.1 TITLE	P Change X Addition		
TITLE	1	DELETE		LINVAG TENKINS		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	BAUL MARINE		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WICHITA, 85. 61206		
TITLE	,	DELETE	6.1 TITLE	T/3 Change X Addition		
NAME			6.2 NAME	DAM S. WHITING		
			6.3 STREET ADDRESS	2503 WHITE CLIFF		
STREET ADDRESS				WICHITA. KS. 61210		
CITY-ST.74D	i		64 CITY-ST-ZIP	I WICHIIA TING OFFICE		

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

316-652-1485