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FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000079115 (9)

1. Corporation Name
ADVANTAGE BOTTOMLINE, INC.



Principal Place of Business

212 NEMO CIR
PALM BAY FL 32907

Mailing Address

P O BOX 100210
PALM BAY FL 32910-0210

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-3278078

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

BOZZO, ROBERT J
212 NEMO CIR
PALM BAY FL 32907

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 607.0502 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

Signature of registered agent or person authorized to change registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CHAR
NAME BOZZO, ROBERT
STREET ADDRESS 212 NEMO CIR. NE
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE CHAR
NAME BOZZO, THERESA
STREET ADDRESS 212 NEMO CIR. NE
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE P
NAME PERRONE, DOMINIC
STREET ADDRESS 6215 LA PINE RD.
CITY-ST-ZIP BROOKSVILLE FL 34802

☐ DELETE

TITLE V
NAME BOZZO, MICHELE
STREET ADDRESS 5850 SW 20TH AVE., #25
CITY-ST-ZIP GAINESVILLE FL 32625

☐ DELETE

TITLE S
NAME BOZZO, GABRIELLE
STREET ADDRESS 10800 BLOOMFIELD DR. #1222
CITY-ST-ZIP ORLANDO FL 32825

☐ DELETE

TITLE T
NAME BOZZO, DANIELLE
STREET ADDRESS 212 NEMO CIR
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)