


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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091352 (1)

1. Corporation Name
INTERNET BILLING CORP.



Principal Place of Business ATT: ALBERT J. ANGEL 1801 SO. FEDERAL HIGHWAY STE 300 DELRAY BEACH FL 33483	Mailing Address ATT: ALBERT J. ANGEL 1801 SO. FEDERAL HIGHWAY STE 300 DELRAY BEACH FL 33483-3335
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3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 08/13/1996
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2. Principal Place of Business 21 ATTN: TIM ARNEL Suite, Apt. #, etc. 22 5701 PINE ISLAND RD #300 City & State 23 FT LAUDERDALE FL Zip 24 33321	2a. Mailing Address 26 5701 PINE ISLAND RD. Suite, Apt. #, etc. 27 SUITE # 300 City & State 28 FT LAUDERDALE FL Zip 29 33321
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4. FEI Number 65-0628303	Applied For 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	

9. Name and Address of Current Registered Agent
**ANGEL, ALBERT J
1801 SO. FEDERAL HIGHWAY
STE 300
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name TIM ARNEL
82 Street Address (P.O. Box Number is Not Acceptable) 5701 PINE ISLAND ROAD #300
83
84 City FT. LAUDERDALE
85 Zip Code FL 33321

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]* **Tim Arnel** *President* **3/28/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGEL, ALBERT J	
STREET ADDRESS	1801 SO. FEDERAL HIGHWAY STE 300	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERIC CHERRY	
STREET ADDRESS	1801 S. FEDERAL HIGHWAY #300	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TIM ARNEL	
STREET ADDRESS	5701 PINE ISLAND RD #300	
CITY-ST-ZIP	FT LAUDERDALE FL 33321	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KEITH MILLER	
STREET ADDRESS	5701 PINE ISLAND RD #300	
CITY-ST-ZIP	FT LAUDERDALE FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *[Signature]* **Tim Arnel** *Pres* **3/28/97** **726-0146** **954**

CR2E034 (9/96)