3-19-98B-3482-CFILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9600030094 (2)**

DIRECT BILLING INTERNATIONAL INCORPORATED

Principal Place of Business

Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



45 STATE ROAD 13 NORTH. STE. 26-222		DO NOT WRITE IN THIS	SPACE
		3. Date Incorporated or Qualified 03/21/1996	
2. Principal Place of Bysiness 21 445 State Rood 3 N 26 445 State	Road 13 N	4. FEI Number 59-3390999	Applied For Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc Str. #, etc Suite, Apt. #, etc	3	6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Fruit Cove, TEI 28 Fruit Cov	e, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 30 USA		Yes No
9. Name and Address of Current Registered Agent	1041 6	10. Name and Address of New Registered	Agent
FINNIGAN, E T	81 Name		
SWITZERLAND FL 32202		ess (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, Fiorida 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			
	E Registered Agent signature require 13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10
12. OFFICERS AND DIRECTORS TITLE PD DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME FINNIGAN, E T	1.2 NAME		
STREET ADDRESS 1833 SWISS OAKS ST	1.3 STREET ADDRESS		
CITY-S1-ZIP SWITZLAND FL	1.4 CITY-ST-ZIP		
TITLE SO DELETE	2.1 TITLE		Change C Addition
NAME FINNIGAN, THEMA A	2.2 NAME		·
STREET ADDRESS 1833 SWISS OAKS STREET	2.3 STREET ADDRESS		
CRTY-ST-ZIP SWITZLAND FL	2. 4 CITY-ST-ZIP		
TITLE DELETE	3.1 TITLE		Change Addition
NAME	3.2 NAME	•	
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-S1-ZIP	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		1
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	5,1 TITLE		☐ Change ☐ Addition
MARK	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		Change Addition
TITLE DELETE	6.1 TITLE		The results in veguings
NAME 1	= ROMALIE		
1	6.2 NAME		l
STREET ADDRESS City-S1-ZiP	6.3 STREET ADDRESS 6.4 City-St-Zip		

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:

, E. Tinnige

3/13/98 904-257-1123