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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094779 (1)

DIRECT BILLING ASSOCIATES, INC.

Principal Place of Busine	SS
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Mailing Address

FILED Feb 10 1998 8:00am Secretary of State



1920 NW 25TH ST. BOCA RATON FL 33431 1920 NW 25TH ST. **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 712 HAVANA 712 HAVANA 65-0713738 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired R Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name 81 DEVON, LEAH M 1920 NW 25TH ST. Street Address (P.O. Box Number is Not Acceptable) **B2 BOCA RATON FL 33431** 83 84 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 Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. Lam tamiliar with, and accept the philipathons of, Section 607 0505, Florida Statutes. 14 DEVON LEAH SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITI F DELETE 1 1 TITLE Change DEVON, LEAH M NAME 1920 NW 25TH ST. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-2IP 1,4 CITY - ST-ZIP DELETE 2.1 TITLE PRESIDENT TITLE EAH DEVON DEVON, JEFFREY NAME 22 NAME L HAVANA DR 1920 NW 25TH ST. STREET ADDRESS 2.3 STREET ADDRESS BOCA RATON PL 33487 **BOCA RATON FL 33431** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE REASURER Addition 3 1 TITLE TITE F DEVON, JOSHUA TEFFREY DEVON 3.2 NAME NAME 1920 NW 25TH ST. 712 HAVANA DR 3 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** BOCA RATON PL 33. VICE PRFS DENT, CFO EL 33481 3 4. CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition 41 TITLE TITLE 4. 2 NAME NAME JOSHUA DEVON 4.3 STREET ADDRESS STREET ADDRESS 33487 4.4 CITY-ST-ZIP CITY - ST- ZIP ,3rd □ Change DELETE 51 TITLE TITLE NAME 5.2 NAME DEVON STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP City-ST-ZIP Addition DELETE TITLE 61 TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

6. I hereby certify that the information supplied with this tiling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Lead

m. aleva

15/98 6

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