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

Mailing Address

COURTYARD

111 E BOCA RATON RD

PROFIT CORPORATION ANNUAL REPORT

1997



I LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000096315 (2)

PROBILL, INC.

Principal Place of Business

111 E BOCA RATON RD

COURTYARD

BOCA RATON FL 33432 **BOCA RATON FL 33432-3911** 3. Date Incorporated or Qualified 3a. Date of Last Report | 1/21/1996 2. Principal Place of Business 2a, Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes - No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BONIELLO, TANA L** 111 E BOCA RATON RD Street Address (P.O. Box Number is Not Acceptable) COURTYARD 83 **BOCA RATON FL 33432** 84 City Zip Code Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of, S TANA LYNN BOWELL SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. DELETE Change Addition TITLE 1.1 DTLF **BONIELLO, TANA L** NAME 1.2 NAME 111 E BOCA RATON RD COURTYARD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition THILE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addilion TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET AUDRESS CITY-ST-ZIP 34. CITY-ST-7# DELETE Change noitibhA TIFLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - \$1 - 7/P DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 of the receiver or vullee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name