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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013702

Corporation Name

Principal Place of Business

-ONLINE INVESTMENTS, INC.

Website Billing.Com, Inc.

1970 MIAMI CENTER. 201 SO. BISCAYNE BLVD. % KLUGER. PERETZ. KAPLAN & BERLIN. P.A. SIUTE 1700 MIAMI FL 33131 Mailing Address

1970 MIAMI CENTER. 201 SO. BISCAYNE BLVD. % KLUGER. PERETZ. KAPLAN & BERLIN. P.A. SLITTE 1700 MIAMI FL 33131

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90218 016 ***150.00



SUITE 1700 MIAMI FL 33131		SUITE 1700 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE			
00112 1100 11111					3. Date Incorporated or Qualifed 02/12/1997			,
Principal Place of Business 2a. Mailing Address					4. FEI Number	1	pplied For	
21 Kluger, Peretz, et al 26 201 S. Bisc			ayne Blvd.		65-0768139		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	5. Certifcate of Status Desired	• -	Additional	
22 Suite 1700							lequired	٠ ٦
City & State City & State					6. Election Campaign Financing	- []		
23 Miami, FL . 28 Miami, FL Zip Country Zip			Country		Trust Fund Contribution	***	to rees	
Zip	Country		٦ .		This corporation owes the current year In Personal Property Tax.	Tangible ☐ Yes	No	
<u>24</u> 33131	9. Name and Address of Current		<u> </u>	Α	10. Name and Address of New Registered			
— — — — — — — — — — — — — — — — — — — 	5. Name and Address of Carrent	registered rigorius	81	Name				}
MIAMI CENTER REGISTERED AGENTS, INC.					(D.O. Danklandaria Mat. America Mat.			1
201	S BISCAYNE BLVD			Street Add	lress (P.O. Box Number is Not Acceptable)			
SUIT	E 1700		83					1
MIAN	11 FL 33131		<u> </u>				0-1-	
			84	City	FI	_ 85 Zip	Code	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familia with, and accept the obligation	f Florida. Such change was auth	orized by	the corporat	poration submits this statement for the purpose cion's board of directors. I hereby accept the apport	of changing it pintment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent				red when reinstating)	7		a
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			8
TITLE	D DELETE 1.1 KWIAT, RICHARD 12					☐ Change	Addition	2
NAME								2
STREET ADDRESS	TABLESC TOTO IND WILL CENTER, EST OF STORY			TADDRESS				Ĭ
CITY-ST-ZIP				ST-ZIP			C Addition	Ò
TITLE	☐ DELETE 2.1 TF					☐ Change	Addition	`
NAME	~							
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP				ST-ZIP		- Change	- Addition	
TITLE	☐ DELETE 3.11							
NAME			3.2 NAME					
STREET ADDRESS	~		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51-ZP		Change	Addition	١.
TITLE NAME			4, 2 NAME			_ •		
STREET ADDRESS				TADDRESS	•			
CITY-ST-ZIP			4.4 CITY-					
TITLE			5.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition	1
NAME			5.2 NAME					1
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP] '
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS			•	1
			I					

14. I 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUSTATURE REQUIRED NATIONAL STREET OF THE CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 Date/

954-433-1137