
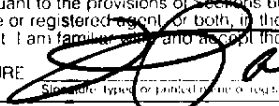
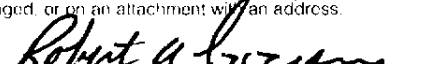


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97000085923 1. Corporation Name <b>INDEPENDENT BILLING, INC.</b>			
Principal Place of Business <b>2209 EAGLE BLUFF DR VALRICO, FL 33594</b>		Mailing Address <b>SAME</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>2209 EAGLE BLUFF DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>VALRICO, FL</b> Zip 24 <b>33594</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>10-3-97</b>		4. FEI Number <b>59-3473225</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DARREN CIFELLI 17317 BOYETTE ROAD LITHIA, FL 33547</b>		10. Name and Address of New Registered Agent 81 Name <b>THOMAS E. PARNELL, ESQ.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>320 W FLETCHER AVE, SUITE 104</b> 83 84 City <b>TAMPA</b> FL 85 Zip Code <b>33612</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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  DATE <b>2/25/98</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>P, D</b> STREET ADDRESS <b>ROBERT A. SZCZESNY</b> CITY - ST - ZIP <b>2209 EAGLE BLUFF DR VALRICO, FL 33594</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>V, S, T, D.</b> STREET ADDRESS <b>DARREN CIFELLI</b> CITY - ST - ZIP <b>12424 ELNORA DRIVE RIVERVIEW, FL 33569</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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, or on an attachment with an address. SIGNATURE:  DATE <b>2/26/98</b> <b>9136818279</b>			

GR2E034 (10/97)