

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17700 (8)
1. Corporation Name
PALM BILLING AND MARKETING SERVICES, INC.

Principal Place of Business	Mailing Address
3444 EASTLAKE RD S416A PALM HARBOR FL 34685 US	3444 EASTLAKE RD S416A PALM HARBOR FL 34685 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 02/28/1992		3a. Date of Last Report 01/25/1996	
4. FEI Number 59-3110501		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent	
LASSEIGNE, STELLA W. 3444 EASTLAKE RD S416A PALM HARBOR FL 34685	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12.		OFFICERS AND DIRECTORS		13.	
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	LASSEIGNE, STELLA W.			1.2 NAME	
STREET ADDRESS	3444 EASTLAKE RD S416A			1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL			1.4 CITY - ST - ZIP	
TITLE	VTS	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	LASSEIGNE, ERROL J			2.2 NAME	
STREET ADDRESS	3444 EASTLAKE RD S416A			2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

[illegible]

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 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: STELLA W. LASSEIGNE *Stella W. Lasseigne* 4/17/97 (813) 789-4959

CR2E034 (9/96)