

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000015458 (0)

1. Corporation Name  
**ABR INFORMATION SERVICES, INC.**



Principal Place of Business: 34125 U.S. HWY. 19 NORTH SUITE 300 PALM HARBOR FL 34684-2116  
Mailing Address: 34125 U.S. HWY. 19 NORTH SUITE 300 PALM HARBOR FL 34684-2116

3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3228107</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**CORPORATE INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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. 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	MACDOUGALD, JAMES E	
STREET ADDRESS	34125 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOOD, STEPHEN R	
STREET ADDRESS	34125 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MACDOUGALD, SUZANNE M	
STREET ADDRESS	34125 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ADDONISO, VINCENT	
STREET ADDRESS	34125 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WASSELL, JAMES T	
STREET ADDRESS	34125 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTELLO, THOMAS F	
STREET ADDRESS	34125 US HWY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-2116	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GOLDMAN, MARK M.	
13 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
14 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HOOD, STEPHEN R.	
23 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
24 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Vincent Addoniso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VINCENT ADDONISO

4-29-96 (813) 785-2819

CR2E034 (12/95)