

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

FILED
May 15 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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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
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3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 05/01/1996
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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 25

4. FEI Number 59-3228107	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	D <input checked="" type="checkbox"/> DELETE
NAME	HOOD, STEPHEN R
STREET ADDRESS	34125 U.S. HWY. 19 NORTH
CITY-ST-ZIP	PALM HARBOR FL
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 checked="" type="checkbox"/> DELETE
NAME	ADDONISO, VINCENT
STREET ADDRESS	34125 U.S. HWY. 19 NORTH
CITY-ST-ZIP	PALM HARBOR FL 34684-2116
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDMAN, MARK M.
STREET ADDRESS	34125 US HWY 19, N.
CITY-ST-ZIP	PALM HARBOR FL
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	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Drobinak, James P.
1.3 STREET ADDRESS	34125 U.S. Hwy. 19 North
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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: _____ **REQUIRED** **4/20/97** **(813) 785-2819**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)