

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

FILED
May 13 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 # **PA4000015458**
 1. Corporation Name
ABR Information Services, Inc.

Principal Place of Business: **34125 U.S. Hwy. 19 North Palm Harbor, FL 34684**
 Mailing Address: **34125 U.S. Hwy. 19 North Palm Harbor, FL 34684**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number
21	26	2/24/94	59-3228107
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For / Not Applicable
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	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
**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0007 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: _____ (NAME of Registered Agent, see above, required when non-empty) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	James E. MacDougald	
STREET ADDRESS	34125 U.S. Hwy. 19 North	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	Suzanne M. MacDougald	
STREET ADDRESS	34125 U.S. Hwy. 19 North	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	V	<input type="checkbox"/> DELETE
NAME	James P. O'Drobinak	
STREET ADDRESS	34125 U.S. Hwy. 19 North	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied by this filing is true and accurate and that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated by this filing 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 at the time of filing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:  **James P. O'Drobinak** 4/27/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)