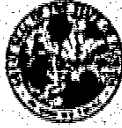


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 JAN 13 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000061 (9)

1. Corporation Name

ADVANCED INFORMATION RESOURCES CORPORATION

Principal Place of Business

8910 NORTH DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

Mailing Address

8910 NORTH DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

4. FEI Number

59-3215859

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLLAND, JOHN L. JR.
8910 NORTH DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOLLAND, JOHN L. JR.
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614

1.1 TITLE D/S Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HOLLAND, JOHN L. SR.
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614

2.1 TITLE D/P/T Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KENISTON, MICHAEL
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PLUMRIDGE, MICHAEL M
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614

4.1 TITLE D/V Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MORRIS, DAVIS O
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(k), Florida Statutes. I further certify that the information included on this 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 this corporation or the receiver or trustee or authorized agent of this corporation and am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report as an attachment with an address.

SIGNATURE: John L. Holland, Sr., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-95 (813) 932-1883
Date Daytime Phone #