

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000000061 (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

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 01/13/1995
4. FEI Number: 59-3215859
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

FL

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

Sign signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOLLAND, JOHN L JR.	
STREET ADDRESS	8910 N. DALE MABRY HWY., SUITE 30	
CITY-ST-ZIP	TAMPA FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HOLLAND, JOHN L SR.	
STREET ADDRESS	8910 N. DALE MABRY HWY., SUITE 30	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENISTON, MICHAEL	
STREET ADDRESS	8910 N. DALE MABRY HWY., SUITE 30	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PLUMRIDGE, MICHAEL M	
STREET ADDRESS	8910 N. DALE MABRY HWY., SUITE 30	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DAVIS O	
STREET ADDRESS	8910 N. DALE MABRY HWY., SUITE 30	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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.

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

3-8-96

800-483-9929, Ext. 210
Date Daytime Phone #

CR2E034 (12/95)