

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P94000000061 (9)
1. Corporation Name

ADVANCED INFORMATION RESOURCES CORPORATION

Principal Place of Business: 8910 North Dale Mabry Suite 30 Tampa, FL 33614
Mailing Address: 8910 North Dale Mabry Suite 30 Tampa, FL 33614

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 03/08/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite Apt. #, etc.	Suite Apt. #, etc.	59-3215859	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	7. 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		10. Name and Address of New Registered Agent	
HOLLAND, JOHN L. JR. 8910 North Dale Mabry Hwy. Suite 30 Tampa, FL 33614		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holland, John L. Jr	1.2 NAME	
STREET ADDRESS	8910 North Dale Mabry Hwy, Ste 30	1.3 STREET ADDRESS	
CITY- ST- ZIP	Tampa, FL 33614	1.4 CITY- ST- ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, John L. Sr.	2.2 NAME	
STREET ADDRESS	8910 North Dale Mabry, Ste 30	2.3 STREET ADDRESS	
CITY- ST- ZIP	Tampa, FL 33614	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENISTON, Michael	3.2 NAME	
STREET ADDRESS	8901 North Dale Mabry, Suite 30	3.3 STREET ADDRESS	
CITY- ST- ZIP	Tampa, FL 33614	3.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMRIDGE, Michael M	4.2 NAME	
STREET ADDRESS	8910 North Dale Mabry, Suite 30	4.3 STREET ADDRESS	
CITY- ST- ZIP	Tampa, FL 33614	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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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 registered agent 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 applicable, or on the instrument with an address.

SIGNATURE: John L. Holland, Sr. 03/10/97 (813) 930-9025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)