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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000061

1. Corporation Name

2. Principal Place of Business

Advanced Information Resources Corporation

Principal Place of Business
5461 West Waters Ave.
Suite 900
Tampa, FL 33634

Mailing Address
5461 West Waters Ave.
Suite 900
Tampa, FL 33634

2a. Mailing Address

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90079 003 ***158.75

DO NOT WRIT	EINI	THIS S	SPA	CE
-------------	------	--------	-----	----

1/1/94

Applied For

3. Date Incorporated or Qualifed

4. FEI Number

	26]				59-3216895			Not Applicable			
#, etc.		Suite, Apt. #, etc.			T 0 (7 1 10) 1 D 1 1		\$8.75 Additional					
	27				5. Certificate of Status Desired	<u>72</u>	F	ee Red	quired			
е	City &	City & State			6. Election Campaign Financing	П	\$5	.00	May Be			
	28				Trust Fund Contribution	Ш	A	ided to	Fees			
Country	Zip	Zip Country				8. This corporation owes the curr	ent year Inta	ngible				
25	29 30					Personal Property Tax.						
Name and Address of Current Registered Agent						10. Name and Address of New I	Registered A	gent				
1-					ame							
Holland, John L. Jr.					82 Street Address (P.O. Box Number is Not Acceptable)							
5461 West Waters Ave. Suite 900												
FL 33634			83	83								
84			Ci	ty			85	Zip C	ode			
					<u> </u>			لسل				
to the provisions of Sections 607.0502 a	and 607.1508, Florida, Such	Florida Statutes change was auth	, the above norized by :	the o	med corpor	ation submits this statement for the 's board of directors. I hereby acces	purpose of o	changi tment	ng its r as red	egistered istered		
m familiar with, and accept the obligatio	ns of, Section	607.0505, Florid	a Statutes.									
						<u> </u>						
		. (NOTE: Re		t signa	ature required w			D DID	CTO	20 IN 12		
		□ DELETE				ADDITIONS/CHANGES TO OF	FICERS AN			Addition		
		OLLLIC							ungc			
					2500							
					KE\$S							
		□ DELETE		-ZIP				ПС	2000	Addition		
- 		- DECE IE						ЦМ	ange			
				l l								
				T-ZIP					2000	Addition		
DV		☐ DELETE			İ			Цν	ange	[] Addition		
Keniston, Michael			4									
^S 5461 West Waters Ave. Ste. 900												
Tampa, FL 33634		□ n=: ===		T-ZIP						□ A dellate e		
DV		☐ DELETE						Пси	ange	☐ Addition		
Plumridge; Michael					1							
	. Ste. 9	900	4.3 STREET	ADDF	RESS					•		
				-ZP	_							
		☐ DELETE						∐ Ch	ange	☐ Addition		
					RESS							
		D		- ZIP						<u> </u>		
		☐ DELETE						□Ch	ange	Addition		
		i	6.3 STREET	ADDR	RESS					1		
						ction 110 07/2\/i) Elected Statuton						
	9. Name and Address of Current Ind., John L. Jr. est Waters Ave. Suite FL 33634 to the provisions of Sections 607.0502; egistered agent, or both, in the State of m familiar with, and accept the obligatio Signature, typed or printed name of registered agent a OFFICERS AND DPC Holland, John L. Jr. 5461 West Waters Ave Tampa, FL 33634 DST Holland, John L. Sr. 5461 West Waters Ave Tampa, FL 33634 DV Keniston, Michael 5461 West Waters Ave Tampa, FL 33634 DV Plumridge; Michael	Country Zip 28 Country Zip 29 9. Name and Address of Current Registered Agend, John L. Jr. est Waters Ave. Suite 900 FL 33634 to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section OFFICERS AND DIRECTORS DPC Holland, John L. Jr. 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DST Holland, John L. Sr. 5461 West Waters Ave. Ste 9. Tampa, FL 33634 DV Keniston, Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634 DV Plumridge; Michael 5461 West Waters Ave. Ste. 9. Tampa, FL 33634	#, etc. Suite, Apt. #, etc. 27	#, etc. Suite, Apt. #, etc. 27	#, etc. Suite, Apt. #, etc. 27	#, etc. Suite, Apt. #, etc. 27	#. etc. 27 Suite, Apl. #, etc. 27 Suite, Apl. #, etc. 27 Suite, Apl. #, etc. 27 Suite Suite, Apl. #, etc. 27 Country Zip Country Zip Country Suite, Apl. #, etc. 28 City & State Suite Suite, Apl. #, etc. 28 Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Suite Suite Suite	#, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired 2 2 Country 28 City & State 5. Election Campaign Financing Trust Fund Contribution 2 2 Country 25 29 30 Personal Program owes the current year integers and Address of Current Registered Agent 10. Name and Address of New Registered A	#, etc. 27 Suite, Apt. #, etc. 27 City & State 2 City & State 28 City & State 29 City & State 29 Country 28 Country 29 30 Personal Property Tax. 29 Suite, Apt. #, etc. 29 30 Personal Property Tax. 20 Country 29 30 Personal Property Tax. 20 Country 29 30 Personal Property Tax. 20 Country 29 10. Name and Address of Current Registered Agent 30 Name and Address of Current Registered Agent 30 Name and Address of New Registered Agent 30 Name and Address of New Registered Agent 30 Name and Address of New Registered Agent 30 Name 30 Nam	#, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Fee Reference 28 City & State 28 City & State 28 Country Zip Personal Property Tax. Zives Ziv		

4. I 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 corpolation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 of changed or attachment with an address, with all other like empowered.

SIGNATURE: X

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

HU99 (83) 690-033 4

32E034 (11/98)