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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S93275** (3)
1. Corporation Name
ORION INFORMATION SYSTEMS, INC.



Principal Place of Business

**2105 PARK AVE., SUITE 7
ORANGE PARK FL 32073
US**

Mailing Address

**2105 PARK AVENUE, SUITE 7
ORANGE PARK FL 32073-5557
US**

3. Date Incorporated or Qualified

11/12/1991

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

24

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g. Name and Address of Current Registered Agent

**KENNEDY, ALISON D.
225 WATER ST
SUITE 900
JACKSONVILLE FL 32202**

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 and I hereby accept the appointment as registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

C. Wayne Middleton

(NOTE: Registered Agent signature required when reinstating)

3/11/97
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | DELETE |
|-------|---------------------|------------------|----------------|--------------------------|
| PD | MIDDLETON, C. WAYNE | 2105 PARK AVE #2 | ORANGE PARK FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | DELETE |
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| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY- ST- ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY- ST- ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY- ST- ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY- ST- ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY- ST- ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 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 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 if changed, or on an attachment with an address.

SIGNATURE:

C. Wayne Middleton
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97
Date

904-269-378
Daytime Phone #

0015510

CR2E034 (9/96)