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**Apr 03 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 # F93000005395 (9)
1. Corporation Name
ONE NUMBER INFORMATION SYSTEMS OF FLORIDA, INC.



Principal Place of Business C/O ONE NUMBER INFORMATION SYSTEMS, INC. 204 RIVERS BEND BOULEVARD CHESTER VA 23831	Mailing Address C/O ONE NUMBER INFORMATION SYSTEMS, INC. 204 RIVERS BEND BOULEVARD CHESTER VA 23831-2696
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3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 03/05/1996
4. FEI Number 54-1688266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0602 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME THOMPSON, PHILIP SR	
STREET ADDRESS 6103 WALNUT LANDING WAY	
CITY - ST - ZIP CHESTER VA 23831	
TITLE VSTD	<input type="checkbox"/> DELETE
NAME THOMPSON, ROBBIE S	
STREET ADDRESS 6103 WALNUT LANDING WAY	
CITY - ST - ZIP CHESTER VA 23831	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Thompson, Philip SR	
1.3 STREET ADDRESS 8910 Whistling Swan Rd	
1.4 CITY - ST - ZIP Chesterfield, VA 23838	
2.1 TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Thompson, Robbie S	
2.3 STREET ADDRESS 8910 Whistling Swan Rd.	
2.4 CITY - ST - ZIP Chesterfield, VA 23838	
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 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: *Robbie S. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/24/97** Daytime Phone #: **(804) 530-1600**

CR2E034 (9/96)