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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000033 (2)
 1. Corporation Name
SYSTEMS & PROGRAMMING CONSULTANTS, INC.



Principal Place of Business 212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281 US	Mailing Address 212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281-0002 US
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3. Date Incorporated or Qualified 10/29/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 57-0695246	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	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip 28281 Country
24	29

9. Name and Address of Current Registered Agent
**GALLASHER, BOB
8675 HIDDEN RIVER PARKWAY
LAKEVIEW BUILDING, SUITE 270
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81 Name Jay Molino
82 Street Address (P.O. Box Number is Not Acceptable) 8875 Hidden River Parkway
83 Lakeview Building, Suite 270
84 City Tampa FL 85 Zip Code 33637

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: *Jay Molino* DATE: **4/21/97**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CARLISLE, THOMAS G	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY - ST - ZIP	CHARLOTTE NC 28281	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CARLISLE, RICHARD K	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARTER, JEFF	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY - ST - ZIP	CHARLOTTE NC	
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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	DV Robert J. Gallagher
4.3 STREET ADDRESS	212 S. Tryon Street, Suite 270
4.4 CITY - ST - ZIP	Charlotte, NC 28281
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 I 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: *Richard K. Carlisle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/21/97** Daytime Phone: **704-348-9000**

CR2E034 (9/96)