

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F92000000033 (2)
 1. Corporation Name
SYSTEMS & PROGRAMMING CONSULTANTS, INC.



Principal Place of Business: **212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281**

Mailing Address: **212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	10/29/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	57-0695246	
24	Country	29	Country	Applied For	
25		30		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOLINO, JAY 8875 HIDDEN RIVER PARKWAY LAKEVIEW BUILDING, SUITE 270 TAMPA FL 33637				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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (PRINT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARLISLE, THOMAS G		1.2 NAME				
STREET ADDRESS	212 SOUTH TRYON ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC 28281		1.4 CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARLISLE, RICHARD K		2.2 NAME				
STREET ADDRESS	212 SOUTH TRYON ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP			28281	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARTER, JEFF		3.2 NAME				
STREET ADDRESS	212 SOUTH TRYON ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP			28281	
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GALUAGHER, ROBERT J.		4.2 NAME			Eallagher, Robert J.	
STREET ADDRESS	212 S TRYON ST., SUITE 270		4.3 STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP			28281	
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				

14. 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 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: *[Signature]* 3/9/98 704-348-9000

CR2E034 (10/97)