

FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045226 (3)

1. Corporation Name:
SYSTEM DEVELOPMENT AND INTEGRATION, INC.

Principal Place of Business

100 KINGS POINT DRIVE APT. #202
MIAMI BEACH FL 33180

Mailing Address

100 KINGS POINT DRIVE APT.
MIAMI BEACH FL 33180-4726

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

MEGHRIAN, ROBERT D
100 KINGS POINT DRIVE APT. #202
MIAMI BEACH FL 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

John C. Meghrian

(NOTE: Registered Agent signature required when re-registering)

4-15-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEGHRIAN, ROBERT D	
STREET ADDRESS	100 KINGS POINT DRIVE APT. #202	
CITY - ST - ZIP	MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEGHRIAN, J C	
STREET ADDRESS	100 KINGS POINT DRIVE APT. #202	
CITY - ST - ZIP	MIAMI BEACH FL 33180	
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		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for 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:

John C. Meghrian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

Date

4-15-97
Daytime Phone #

FILED
Jun 02 1997 8:00am
Secretary of State



CR2E034 (9/96)