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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000045226 (3)

SYSTEM DEVELOPMENT AND INTEGRATION, INC.

100 KINGS POINT DRIVE APT. #202 100 KINGS POINT DRIVE APT. #202 MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 Not Applicable 65-0681730 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Z_{ip} 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MEGHRIAN, JOHN C 100 KINGS POINT DRIVE Street Address (P.O. Box Number is Not Acceptable) STE. 202 83 MIAMI BEACH FL 33160 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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** Signature, typed or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 T(T) E Change Addition MEGHRIAN, J C NAME 1.2 NAME 100 KINGS POINT DRIVE APT. #202 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition

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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.

■ Addition

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Addition

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Change

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Change

FILED

Apr 29 1998 8:00am

Secretary of State