

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:31

DOCUMENT # **P32213** (1)

1. Corporation Name
SOFTK INFORMATION SYSTEMS, INC.

Principal Place of Business 4014 GUNN HWY STE 180 TAMPA FL 33624 US	Mailing Address 4014 GUNN HWY STE 180 TAMPA FL 33624 US
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 03/14/1994
--	--

2. Principal Place of Business 21 508 FINGER LAKES PL	2a. Mailing Address 26 508 FINGER LAKES PL.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEFFNER, FL	City & State 28 SEFFNER, FL
Zip 24 33584	Country 25 USA
Zip 29 33584	Country 30 USA

4. FEI Number 59-3030323	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
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KHAN, SHUAIB A
4014 GUNN HWY, STE 180
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name SHUAIB A. KHAN
82 Street Address (P.O. Box Number is Not Acceptable) 508 FINGER LAKES PLACE
83
84 City SEFFNER
85 Zip Code FL 33584

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 _____ DATE _____
(Separate types of printed names of registered agent available if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE PCD	KHAN, SHUAIB A.
NAME	13844 AZALEA CIR 27B
STREET ADDRESS	TAMPA FL
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SHUAIB A. KHAN	
1.3 STREET ADDRESS 508 FINGER LAKES PLACE	
1.4 CITY ST ZIP SEFFNER, FL 33584	
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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: _____ DATE: **813-651-4635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR