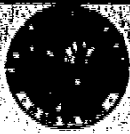


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF REVENUE  
Carolina B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 MAY 31 AM 8:42

**DOCUMENT # K04419**

**(3)**

1. Corporation Name

**HAKAN SODERGREN DESIGN, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

671 MARBYRY LN  
LONGBOAT KEY FL 34228  
US

Mailing Address

671 MARBYRY LN  
LONGBOAT KEY FL 34228  
US

3. Date Incorporated or Qualified

11/30/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0199602

Applied For

Not Applicable

**\$8.75** Additional  
Fee Required

5. Certificate of Status Desired

Suite, Apt #, etc

22

Suite, Apt #, etc

27

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

City & State

23

City & State

28

8. This corporation has liability for intangible tax under 5, 199.032,  
Florida Statutes  Yes  No

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SODERGREN, CARINA  
670 LANDS END DR.  
LONGBOAT KEY FL 34228

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SODERGREN, HAKAN  
STREET ADDRESS 671 MARBYRY LN  
CITY, ST, ZIP LONGBOAT KEY FL

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE ~~B~~  
NAME ~~BERGSTRÖM, LARS~~  
STREET ADDRESS ~~1121 LEWIS AVE~~  
CITY, ST, ZIP ~~MINNESOTA FL~~

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE V  
NAME SODERGREN CARINA  
STREET ADDRESS 671 MARBYRY LN  
CITY, ST, ZIP LONGBOAT KEY FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hakan Södergren*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

MAY 23, 1995 P13 383 4424  
DATE