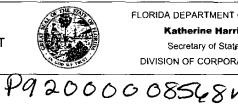
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SOFTHANSA, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90253 012 ***150.00

538444 - 90253 - 12	4	•	
	_		_

]	1 70233 -	12	
Principal Plac	ce of Business	Mailing Address							
10460 Rd	oosevelt Blvd, #:160	10460 Roosevel	t Bl	٧d	, # 160				
		St. Petersburg	Petersburg, FL 33716			DO NOT WEEK	FE 181	ODAOF	
	3,	· J	•			DO NOT WRIT	IE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 11/30/92			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3158199		N	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5 Continue of Status Desired		\$8.75	Additional
22		27				Certifcate of Status Desired		Fee Rr	equired
City & Sta	te	City & State				6. Election Campaign Financing S5.00 May Be			
23		28				Trust Fund Contribution		-	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year In	tangible	
24	25	29	30	_	_	Personal Property Tax.	•	Yes	XNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
D C C	1. 1			81	Name				
Bo S. So					-	(0.0 0.0)			
12000 401 301 eet N. π// St. Dotonobung El 33716			82	Street Addres	ss (P.O. Box Number is Not Accepta	DIE)			
36. 1666				83					1
				84	City		FL	85 Zip 6	Code
11 Purcuant	to the provisions of Sections 607.0502	and 607 1509. Florida Statutos	tho at	20)/0	named corner	ration submits this statement for the			registered
office or i	registered agent toth in the State of am familiar with and accept the obligation	Florida. Such change was auf	thorized	by t	the corporation	's board of directors. I hereby accep	t the appoi	ntment as re	gistered
agent. I a			da Statu	ıtes.					
SIGNATURE		o S. Soderberg				April 26,	<u> 19</u> 99		
	Signature, typed or printed name of paistered agent a			Agent	signature required v		DATE	ID DIDEOTA	NDC 181 40
12	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	DP C C L L	☐ DELETE	1,1 TIT		1			Change	Addition
NAME	Bo S. Soderberg	u → →	1.2 NA						
STREET ADDRESS			1.3 ST	REET.	ADDRESS				İ
CITY-ST-ZIP	St. Petersburg, FL 3		1.4 CIT		ZIP				
TITLE		☐ DELETE	2.1 TIT	LE				Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			2.4 Cr	TY-ST	- ZIP				
TITLE		☐ DELETE	3.1 TIT	LE				Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 S∏	REET,	ADORESS -				
CITY-ST-ZIP			3.4. CF	TY-ST	- ZIP				1
TITLE		☐ DELETE	4,1 TIT					☐ Change	☐ Addition
NAME	}		4.2 NA	ME					1
STREET ADDRESS			4.3 ST	REET	ADDRESS				1
CITY-ST-ZIP			4.4 CIT		i				
TITLE		☐ DELETE	5.1 TIT	_				Change	Addition
NAME		_	5.2 NA					_ •	_
					ADDRESS				
STREET ADDRESS]		5.4 CIT)
CITY-ST-ZIP			6.1 TITI	_				Change	Addition
TITLE		□ pereie	62 NAI					change	☐ Addition
NAME					10000000				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-ST-	ZIP				

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 or an appear with an address, with all other like empowered.

SIGNATURE:

BOS S. Soderbe BOS. Soderbe SIGNATURE AND TYPED OR BURNED NAME OF SIGNING OFFICER OR DIRECTOR

Bo S. Soderberg

April 26, 1999

(727) 481-2494

Daytime Phone #

CR2E034 (11/98)