


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90035 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000056460

1. Corporation Name
TAMPASOFT, INC.

Principal Place of Business
15424 PLANTATION OAKS DRIVE
SUITE 3
TAMPA FL 33647

Mailing Address
15424 PLANTATION OAKS DRIVE
SUITE 3
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1998		4. FEI Number 59-3518482		Applied For <input type="checkbox"/> Not Applicable	
21 15441 PLANTATION OAKS DR		26 15441 PLANTATION OAKS DR							
Suite, Apt. #, etc. 22 SUITES		Suite, Apt. #, etc. 27 SUITE 5		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Zip 24 33647		Country 25		Zip 29 33647		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHARMA, NARESH 15424 PLANTATION OAKS DRIVE SUITE 3 TAMPA FL 33647				10. Name and Address of New Registered Agent					
				81 Name SHARMA, NARESH					
				82 Street Address (P.O. Box Number is Not Acceptable) 15441 PLANTATION OAKS DRIVE					
				83 SUITE 5					
				84 City TAMPA FL 85 Zip Code 33647					

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 title if applicable.


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SHARMA, NARESH		1.2 NAME SHARMA, NARESH	
STREET ADDRESS 15424 PLANTATION OAKS DRIVE, SUITE 3		1.3 STREET ADDRESS 15441 PLANTATION OAKS DRIVE #5	
CITY-ST-ZIP TAMPA FL 33647		1.4 CITY-ST-ZIP TAMPA, FL 33647	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

 NARESH SHARMA 3/27/99 813-632-3574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0398102