

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 767122

(5)

1. Corporation Name

S.O.A.R., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:08

Principal Place of Business

% WILLIAM M. HOBBY, III
1327 NORTH MILLS AVENUE
ORLANDO FL 32803

Mailing Address

157 E NEW ENGLAND AVENUE
SUITE 375
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1993	02/10/1994
4. FET Number	Applied For Not Applicable
59-2305686	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBY, WILLIAM M., III
1327 NORTH MILLS AVENUE
ORLANDO FL 32803

81. Name

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

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 of the person who is the registered agent and the filing agent

(If the Registered Agent signature is required when submitting)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	PTD
11.2 NAME	MAGER, DORIS
11.3 STREET ADDRESS	802 HEMLOCK DRIVE
11.4 CITY, ST, ZIP	APOPKA, FL 00000
11.5 TITLE	SD
11.6 NAME	SCHAD, LEAH
11.7 STREET ADDRESS	1628 BOARDMAN ST
11.8 CITY, ST, ZIP	W PALM BCH, FL 00000
11.9 TITLE	VO
11.10 NAME	WILLIFORD, LORRAINE
11.11 STREET ADDRESS	125 HABERSHAM DR
11.12 CITY, ST, ZIP	LONGWOOD FL
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and I agree and qualify for the exemption stated in Section 199.032(4)(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 corporation 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13, as appropriate, on an affidavit filed with an address.

SIGNATURE:

Doris Mager Doris Mager
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95

407-999-3962