NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90026 024 \*\*\*\*61.25

## DOCUMENT # 767122

1. Corporation Name

S.O.A.R., INC.

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



Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. FEI Number  Applied For  50.2305696		ace of Business	2a. Mailing Address		- /	3. Date Incorporated or Qualifed			
27   City & State   City & City	21 282	10 Manalee Dr	26 P.O. Bo-	1/75	4	02/23/1983	<del>,,</del>		
City & State 23	Suite, Apt. #, etc. Suite, Apt. #, etc.				,				
City & Static 2   TAUROYS   FL   25   TAUROYS   TAUROYS   FL   25   TAUROYS   FL   25	22		27			- 59-2305000-		<del></del>	
21	City & State City & State					5. Certifcate of Status Desired	<b>*</b>		
9. Name and Address of Current Registered Agent  HOBBY, WILLIAM M., III  1327 NORTH MILLS AVENUE  ORLANDO FL 32803  44 City  FL 85 Zip, Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. a minimal with, and eachypt the obligation of Section 17,4508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and minimal with, and eachypt the obligation of Section 17,4509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. a minimal with, and eachypt the obligation of Section 17,4509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and eachypt the appointment are registered agent. I minimal with a minimal with, and a minimal with a minimal with a minimal with, and a minimal with	Zip Country Zip Cour				KI.			, ,	
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1327 NORTH MILLS AVENUE ORLANDO FL 32803  84 City  FL 85 Zip Code  14. Pursuant to the provisions of Sections 617 0502 and 617 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 617 0502, Florida Statutes.  SIGNATURE  DELES MAGGET  DELES MAGGET  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  MAGER, DORIS  SIRRETADRESS  BOY DELETE  11. TITLE  MAGER, DORIS  SIRRETADRESS  BOY DELETE  21. TITLE  SD WORK, FL 00000  11. CONSTRUCT ACCEPTS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  SCHAD, LEAH  22. NAME  SCHAD, LEAH  SCHAD, LEAH  STREET ADDRESS  TITLE  VD DELETE  31. TITLE  VD DELETE  31. TITLE  VD WORK ACCEPTS  ACCEPTS-12. PART ACCEPTS  VP PALM-BCH; FL-00000  DELETE  31. TITLE  VD WORK ACCEPTS TO THE ACCEPT	<del></del>	3. Maille dird Address VI Oditori	. Itog.oco.oc	81	Name				
1327 NORTH MILLS AVENUE ORLANDO FL 32803  B4 City  FL 85 Zip Code  14. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Sections 617 0503 (According Statutes)  SIGNATURE  Dels Mager  Dels Mager  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTD  MAGER, DORIS  SIRRETADRESS  B02 HEMLOCK DRIVE  12 NAME  SCHAD, LEAH  SCHAD, LEAH  SCHAD, LEAH  SCHAD, LEAH  SCHAD, LEAH  SCHAD, LEAH  VD  DELETE  13 TITLE  VD  DELETE  21 TITLE  VD  DELETE  22 NAME  SCHAD, LEAH  SCHAD, LEAH  STREET ADDRESS									
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ORLANDO H. 32803    B4   City   FL   B5   Zip Code	1								
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and start agent. I am familiar with and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, to price or private name accept the obligations of, Section 617,0503, Florida Statutes.  12.	ORLANDO FL 32803								
Office or registered agent, or both, in the State of Horida. Such clarings was authorized by an arm armiliar with, and accept the obligations of, Section 617:0503, Florida Statutes.  SIGNATURE    Delicity   De	•						FL		
Office or registered agent, or both, in the State of Horida. Such clarings was authorized by an arm armiliar with, and accept the obligations of, Section 617:0503, Florida Statutes.  SIGNATURE    Delicity   De	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above	-named corp	poration submits this statement for the purp	ose of changing its r	egistered	
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4. 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 informatio 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 617. 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** 

DORS CHASTIRE REQUISED MAYOU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10 1999 352-742-9