

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002844 (8)

1. Corporation Name
SOMA LIFE, INC.



Principal Place of Business 2020 LAMONT ST. KINGSPORT TN 37664	Mailing Address PO BOX 627 19000 U.S. HWY 19 N. SUITE 404 CLEARWATER FL 34621
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3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1535515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent COATES, BOB 14322 MARK DR LARGO FL 34644	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. HWY 19 N. Suite 404 84 City Clearwater 85 Zip Code FL 34621
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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 will accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Bob Coates* **Bob Coates** **4/30/97**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COATES, BOBBY L		1.2 NAME	
STREET ADDRESS 14322 MARK DR		1.3 STREET ADDRESS 28050 U.S. HWY 19 N., Suite 404	
CITY-ST-ZIP LARGO FL 34644		1.4 CITY-ST-ZIP Clearwater, FL 34621	
TITLE VTS	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COATES, DEBORAH R		2.2 NAME	
STREET ADDRESS 14322 MARK DR		2.3 STREET ADDRESS 28050 U.S. HWY 19 N., Suite 404	
CITY-ST-ZIP LARGO FL 34644		2.4 CITY-ST-ZIP Clearwater, FL 34621	
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 do 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, unchanged, or in an attachment with an address.

SIGNATURE: *Bobby L Coates* **Bobby L Coates** **4/30/97** (813)669-4522
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)