
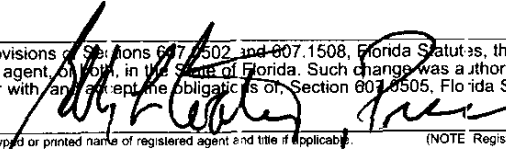


FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002844			
1. Corporation Name SOMA LIFE, INC. BREDEL CORPORATION (see Amendment filed 3/1/99)			
Principal Place of Business 2020 LAMONT ST. KINGSPORT TN 37664		Mailing Address 28059 US HWY 19 N STE 202 CLEARWATER FL 33761 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 1831 N. Belcher Rd.	
22 City & State		27 Suite F-4	
23 Zip County		28 Clearwater, FL	
24 Zip 25		29 33765 30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COATES, BOB 28059 US HWY 19 N STE 202 CLEARWATER FL 33761		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1831 N. Belcher Rd., Suite F-4 83 84 City Clearwater FL 85 Zip Code 33765	
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, 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:  (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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COATES, BOBBY L		1.2 NAME	
STREET ADDRESS 28059 US HWY 19N, STE 202		1.3 STREET ADDRESS 1831 N. Belcher Rd., Suite F-4	
CITY-ST-ZIP CLEARWATER FL 33761		1.4 CITY-ST-ZIP Clearwater, FL 33765	
TITLE VTS <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COATES, DEBORAH R		2.2 NAME	
STREET ADDRESS 28059 US HWY 19 N, STE 202		2.3 STREET ADDRESS 1831 N. Belcher Rd., Suite F-4	
CITY-ST-ZIP CLEARWATER FL 33761		2.4 CITY-ST-ZIP Clearwater, FL 33765	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby L. Coates, President

Date

Daytime Phone #

(727) 669-4522

CR2E034 (11/98)