AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DI	BE DISSOLVED ON OR AFTER A ISSOLVED, MINIMUM AMOUNT DUE	UGUST 7, 1996. To reinstate: \$375.)		
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTI Sandra B Socretary DIVISION OF CO	MENT OF STATE Mortham of State		
DOCUMENT # P22326 (3)				
SOAR - ESTA B'S, INC.				1841 84841 84841 81814 8484 1861
Principal Place of Business	Mailing Address		}	1914 81,051 Q1011 91011 D1011 1891
P.O. BOX 820 WACISSA FL 32361-0820	P.O. BOX 820 WACISSA FL 32361-0820			
				Date of Last Report 06/30/1995 Applied For
2. Principal Place of Business	2a. Mailing Address 26		58-1198853	Not Applicable
Suite, Apt. #, etc	Suite, Apt #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
2] City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z _i p	Country	8. This corporation has liability for inlangi	
25		30	Florida Statutes Yes 10. Name and Address of New Registers	No No
9. Name and Address of Cu	irrent Hegistered Agent	81 Name	10. Name and Address of Nov. Hogiston	<u> </u>
BEEMAN, ESTHER L. HWY 59		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
WACISSA FL 32361		83		
				85 Zin Code
		84 City		85 Zip Code
office or registered agent, or both, in the S agent. I am familiar with, and accept the c	State of Florida. Such change was au obligations of, Section 607.0505, Flor	84 City s the above named corporations the corporation of the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have true 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day, Signature and Type OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day, Signature and Type OFFICER OR DIRECTOR

6 2 NAMÉ

63 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS