

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

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Apr 14 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 # **P96000065294 (6)**

1. Corporation Name

SOAR TECHNOLOGY, INC.

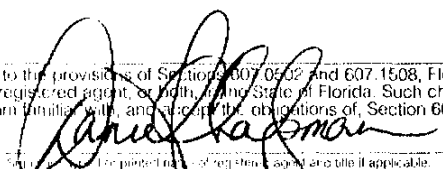


Principal Place of Business	Mailing Address
3900 DUPONT CIR. JACKSONVILLE FL 32205	3900 DUPONT CIR. JACKSONVILLE FL 32205-9308

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1657 INDEPENDENCE AVE		26 P.O. BOX 37119		08/05/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 3651-1 ST. JOHNS AVE		27 JACKSONVILLE, FL		59-3402836		Not Applicable	
23 JACKSONVILLE, FL		28 JACKSONVILLE, FL		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
24 32205		29 DUVAL		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
25 DUVAL		30 DUVAL		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHAPMAN, DANIEL 3900 DUPONT CIR. JACKSONVILLE FL 32205		81 Name CHAPMAN, DANIEL	
		82 Street Address (P.O. Box Number is Not Acceptable) 3583 HERSCHEL ST	
		83	
		84 City JACKSONVILLE	
		85 Zip Code FL 32205	

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DANIEL CHAPMAN, PRESIDENT 4/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT		1.1 TITLE VICE PRESIDENT	
1.2 NAME DANIEL CHAPMAN		1.2 NAME DAVID PAUL	
1.3 STREET ADDRESS 3583 HERSCHEL ST		1.3 STREET ADDRESS 100 HOSSEN DR	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32205		1.4 CITY-ST-ZIP TALLAHASSEE, FL 32312	
2.1 TITLE VICE PRESIDENT		2.1 TITLE TREASURER/SECRETARY	
2.2 NAME DEBORAH CHAPMAN		2.2 NAME THOMAS J. CHAPMAN	
2.3 STREET ADDRESS 3900 DUPONT CIR		2.3 STREET ADDRESS 2801 OAK ST #7	
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205	
3.1 TITLE Thom		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

SIGNATURE  DANIEL CHAPMAN, PRESIDENT 4/9/97 (904) 384-8429

CR2E034 (9/96)