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03-04-1999 90162 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106482

1. Corporation Name
SOTAV, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7812 BLAKEFORD MILL LANE JACKSONVILLE FL 32256
Mailing Address: 7812 BLAKEFORD MILL LANE JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 12/16/1997
4. FEI Number: 59-3483566
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes [], No [X]

2. Principal Place of Business: 9720 Deer Lake Ct, Jacksonville FLA., Zip 32216
2a. Mailing Address: 10150 Belle Rive, Suite, Apt. #, etc. Suite 1409, Jacksonville FL, Zip 32256

9. Name and Address of Current Registered Agent: GEORGE, RICHARD D JR, 7812 BLAKEFORD MILL LANE, JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City: FL, 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS: GEORGE, RICHARD D JR, 7812 BLAKEFORD MILL LANE, JACKSONVILLE FL 32256, President, 10150 Belle Rive # 1409, Jacksonville, FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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] 2-4-99 904-646-5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)