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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **637327** (8)
1. Corporation Name
SOFORENKO HOMES, INC.

Principal Place of Business Mailing Address
~~4215 SOUTHPOINT BLVD., SUITE 100~~
~~JACKSONVILLE FL 32216~~
% LEWIS ANSBACHER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1979** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2071677** Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **8177 Old Kings Road South** 26 Suite, Apt. #, etc.
22 **Suite #4** 27 City & State
23 **Jacksonville, FL** 28 City & State
24 **32217** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LEWIS, ANSBACHER
4215 SOUTHPOINT BLVD STE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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, Title, or printed name of registered agent and the address of the

6071E Registered Agent to provide required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	BY
NAME	SOFORENKO, BETTY B.
STREET ADDRESS	8177 OLD KINGS RD S #4
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	ASP /D
NAME	SOFORENKO, M.O.
STREET ADDRESS	8177 OLD KINGS RD S #4
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	AS
NAME	ANSBACHER, LEWIS
STREET ADDRESS	4215 SOUTHPOINT BLVD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VS
NAME	SASSARD, CHERYL E.
STREET ADDRESS	4215 SOUTHPOINT BLVD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	AS
NAME	ANSBACHER, BARRY B.
STREET ADDRESS	4215 SOUTHPOINT BLVD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	AS
NAME	SCHNEIDER, MICHAEL
STREET ADDRESS	4215 SOUTHPOINT BLVD.
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 140.07(3)(b), 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:

M.O. Soforenko
RIGHTS AND TYPES OF LIMITED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

Date

904-737-0030

Telephone Number