FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F65461** **(8)**

1. Corporation Name
SOFORENKO FIRST HOMES, INC.

Principal Place of Business	Mailing Address
~~% LEWIS ANSBACHER~~ ~~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: 02/01/1982
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 8177 Old Kings Road South
Suite, Apt. #, etc.
22 Suite #4
City & State
23 Jacksonville, FL
Zip 24 32217 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2155347 ☐ 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

9. Name and Address of Current Registered Agent

SOFORENKO, M.O.
8177 OLD KINGS ROAD
SUITE #4
JACKSONVILLE FL 32217

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 _____ DATE
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOFORENKO, M.O.	1.2 NAME	
STREET ADDRESS	8177 OLD KINGS RD S. #4	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEFFIELD, THOMAS	2.2 NAME	
STREET ADDRESS	8177 OLD KINGS RD S#4	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	ANSBACHER, BARRY	3.2 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD., #100	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	ANSBACHER, LEWIS	4.2 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD #100	4.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	4.4 CITY ST ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	SASSARD, CHERYL	5.2 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD #100	5.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 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: M.O. Soforenko — 3/28/95 — 904-737-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010024 CP