

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F65461 (8)

1. Corporation Name

SOFORENKO FIRST HOMES, INC.



Principal Place of Business

8177 OLD KINGS ROAD SOUTH
SUITE 4
JACKSONVILLE FL 32217
US

Mailing Address

% LEWIS ANSBACHER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/01/1982

3a. Date of Last Report
04/07/1995

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

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and how it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

☐ DELETE

NAME

SOFORENKO, M.O.

STREET ADDRESS

8177 OLD KINGS RD S. #4

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

V

☐ DELETE

NAME

SHEFFIELD, THOMAS

STREET ADDRESS

8177 OLD KINGS RD S#4

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

AS

☐ DELETE

NAME

ANSBACHER, BARRY

STREET ADDRESS

4215 SOUTHPOINT BLVD., #100

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

AS

☐ DELETE

NAME

ANSBACHER, LEWIS

STREET ADDRESS

4215 SOUTHPOINT BLVD #100

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

AS

☐ DELETE

NAME

SASSARD, CHERYL

STREET ADDRESS

4215 SOUTHPOINT BLVD #100

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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. 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

2/29/96

904-737-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)