

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F65461

1. Corporation Name

SOFORENKO FIRST HOMES, INC.

Principal Place of Business

1111 NICHOLSON RD.
8177 OLD KINGS ROAD SOUTH
SUITE 4 JACKSONVILLE, FL
JACKSONVILLE FL 32217 32207-8829
US - U.S.A.

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 1111 Nicholson Rd.

26 Suite, Apt. #, etc.

22 City & State
23 Jacksonville FL

27 City & State

24 Zip 32207 25 Country USA

28 Zip Country

9. Name and Address of Current Registered Agent

ANSBACHER, L
4215 SOUTHPOINT BLVD
STE 100
JAX FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SOFORENKO, R
STREET ADDRESS 8177 OLD KINGS RD S. #4
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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1111 Nicholson Road
1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED

3-25-99

904-739-1311

Date

Daytime Phone #

CR2E034 (1/98)