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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

H69483

(6)

SOFORENKO FIRST FINANCE COMPANY

11.5

FILED
May 15 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			
8177 OLD KINGS ROAD SOUTH SUITE 4 JACKSONVILLE FL 32217		% LEWIS ANSBACHER 4215 SOUTHPOINT BLVD SUITE 100 JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE
US	-					3. Date Incorporated or Qualified 08/02/1985
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For
21		26				59-2563 197 Not Applicable
Sulte, Apt.	#, elc.	Suite, Apt #, etc.				¢0.75 August
22		27				5. Certificate of Status Desired Fee Required
City & State	D	City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Z ₍ p	Country			8. This corporation owes or has paid the current year Intangible
24	25		30	ō		Personal Property Tax due June 30. 🔲 Yes 🔲 No
	g. Name and Address of Current	Registered Agent		I		10. Name and Address of New Registered Agent
AN:	SBACHER, LEWIS			81	Name	
421	5 \$. POINT BLVD.			82	Stroot	Address (P.O. Box Number is Not Acceptable)
SUI	TE 100			102	SHEEL	Address (F.O. Box Normael is Not Acceptable)
JAX	FL 32216			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 product name of registered agent and tice it applicable (NOTE Registered Agent signature regulated when rounstating) DATE						
12.	OF ICERS AND	DIRECTORS 🗸	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 1	ITLE		Change X Addition
NAME	S OFORENKO, M.O.	/ `	1.2 NAME			Soforento, Renee 8/77 Old Kings Road S. #4
STREET ADDRESS	8177 OLD KINGS RD S #4		1.3 STREET ADDRESS		DDRESS	8/77 Old Kings Koad S. #4
CITY-ST-ZIP	JACKSONVILLE FL	\/	1.4 CITY - S		- 2 IP	Jacksonulk FL 32217
TITLE	AS	DELETE	2.1 TITLE			Change Addition
NAME	AN SBACHER, BARRY B.	<i>,</i> •	2.2 NAME			
STREET ADDRESS	4215 SOUTHPOINT BLVD.			TREET A	DDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY - S		- ZIP	
TITLE	VSD	DELETE	3.1 TI			☐ Change ☐ Addition
NAME	SA SSARD, CHERYL		3.2 NAME			
STREET ADDRESS	4215 S. POINT BLVD, #100			TREET A	DDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3 4. CITY - S		- ZIP	
TITLE	ASD	DELETE	4.1 Ti			☐ Change ☐ Addition
NAME	ANSBACHER, LEWIS		4. 2 N	IAME		
STREET ADDRESS			4.3 \$T	TREET A	DORESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CI	TY-ST	ZIP	
TITLE		DELETE	5.1 1	TLE		Change Addition
NAME			5.2 NA	AME		
STREET ADDRESS			5.3 ST	TREET A	DDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST-	- 21P	
TITLE	·	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NA	AME	- 1	
STREET ADDRESS			63 ST	REET A	DDRESS	
CITY-ST-ZIP		()	6.4 CI	TY-ST-	ZIP	

14. I hereby certify that the information supplied with this triling 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 supplymental angular reports 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 of the receiver or trusted expressions and that my name appears in Block 12 or Block 13 if changed or that an attackment with an attorior.