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

DO NOT WRITE IN THIS SPACE

DOCUMENT # J51029 (3)

1. Corporation Name
SOFORENKO DEVELOPMENT CO.

Principal Place of Business	Mailing Address
~~4215 SOUTHPOINT BLVD~~ ~~SUITE 100~~ JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD SUITE 100 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 01/09/1987
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2759662 ☐ 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

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SOFORENKO, M.O.
STREET ADDRESS	8177 OLD KINGS RD. S.#4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	~~V~~
NAME	~~SOFORENKO, BETTY B.~~
STREET ADDRESS	~~8177 OLD KINGS RD. S.#4~~
CITY-ST-ZIP	~~JACKSONVILLE FL~~
TITLE	SVP
NAME	SASSARD, CHERYL E.
STREET ADDRESS	4215 SOUTHPOINT BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	ANSBACHER, LEWIS
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	
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		
1.4 CITY-ST-ZIP		
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 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/28/95 Date
904-737-0030 Daytime Phone #

0010036 CP