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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000012184 (5)

1. Corporation Name

SOFORENKO BEE HOMES, INC.

Principal Place of Business

8177 OLD KINGS ROAD, S. #4
JACKSONVILLE FL 32217
US

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-0999

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 5800 Beach Boulevard

Suite, Apt. #, etc.

22 Suite 203

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-3225825

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.
100 NATIONAL FINANCIAL BLDG.
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 of agent or person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	SOFORENKO, MEYER O	8177 OLD KINGS RD. S., #4	JACKSONVILLE FL	<input checked="" type="checkbox"/>
V	SHEFFIELD, TOM	8177 OLD KINGS ROAD, S., #4	JACKSONVILLE FL	<input checked="" type="checkbox"/>
T	PEYRONEL, RENEE S	8177 OLD KINGS RD., S., #4	JACKSONVILLE FL	<input checked="" type="checkbox"/>
S	SHEFFIELD, SUSAN	8177 OLD KINGS RD., S., #4	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
DP	Sheffield, Tom	5800 Beach Blvd., Suite 203	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VST	Sheffield, Susan	5800 Beach Blvd., Suite 203	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IAPAS	Sassard, Cheryl	4215 Southpoint Blvd., Suite 100	Jacksonville, FL 32216	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034661

CR2E034 (9/96)