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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Secretary of Sta

. DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000073710 (3)

SOROKA'S CHAIRS & INTERIORS, INC.

Suite, Apt. #, etc. 22 City & State 23	HWY FL 33062		ing Address 1296 N FEDERAL HV POMPANO BEACH F US							
POMPANO BEAHCUS 2. Principal Place of E 21 Suite, Apt. #, etc. 22 City & State 23	FL 33062 Business		POMPANO BEACH F							
2. Principal Place of E 21 Suite, Apt. #, etc. 22 City & State 23	Business									
21 Suite, Apt. #, etc. 22 City & State 23							3. Date Incorporated or Qualified 10/07/1994 3a. Date of Last Report 05/23/1995			
Suite, Apt. #, etc. City & State		26	Mailing Address				4. FEI Number			Applied For
City & State		1201	SA	me			65-0536184		1	Not Applicable
City & State		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
			City & State				6. Election Campaign Financing	[]	\$5.0	May Be
		28					Trust Fund Contribution			d to Fees
Zip 24	Country 25	29	Ζφ	30 Cou	intry			s 🗌 No		199.032,
9. N	lame and Address of Current	t Regist	ered Agent				10. Name and Address of New	Registered /	gent	
					81	Name				
Soroka, V 1296 n Fed					82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
POMPANO F	BEACH FL 33062				83					
					84	City		FL	85 Zip	p Code
11. Pursuant to the r	rovisions of Sections 607.0502	and 607	'.1508, Florida Statut	es, the abo	.LL วงอ.r	L named corpora	ation submits this statement for the p d of directors. I hereby accept the ap		nging its r	egistered offic
or registered age	nt, or both in the State of Florid Scept tipe obligations of Section	da. Such	change was authoriz 1505, Elorida Statutes	ed by the o	corp	oration's board	d of directors. I hereby accept the ap	pointment as	registered	agent. Lanı
//	(A)11 11 10 11	1/04	chestow	Soco	Į,	Pre	sipert .	05-19	96	
SIGNATURE	typod or printed name of registered agent	and little if a	pplicable. (NC			nt signature required	d when reinstating)	DATE	-4 T	
12.	OFFICERS AND	D DIREC		13.			ADDITIONS/CHANGES TO OF			· · · · · · · · · · · · · · · · · · ·
	D		☐ DEFEIF	1.17	TITLE		•	L] Change	Addition
	OROKA, VYACHESLAV			1.2 N	IAME					
	296 N FEDERAL HWY			1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	OMPANO BEACH FK					ST - ZIP			7.0	
TITLE			DELETE	2 1 1		•		L] Change	Addition
NAME				2.2 N						
STREET ADDRESS				2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			Florier			ST-ZIP			7 Change	☐ Addition
TITLE			DELETE.	3.17				L] Change	LT YOURUIT
NAME				3.2 N						
STREET ADORESS						1 ADDRESS				
CITY-ST-ZIP			☐ DELETE	4 1 1		ST-ZIP		<u> </u>	Change	☐ Addition
TITLE			П жин		VAME			ı		
NAME	•			i i		1 ADDRESS				•
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP TITLE			☐ DELETE		TITLE	J1 LII			Change	Addition
NAME					NAME			-	-	
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			□ DELETE		TITLE			[Change	Addition
NAME				6.21	NAME					
STREET ADDRESS				6.3 5	STREE	1 ADDRESS				
CITY-ST-7IP		/	γ	646	CITY-!	ST-ZIP				
	ly that the information supplied	wite this	fing is voluntarily fur	nished and	doc	es not qualify f	for the exemption stated in Section 1 ato and that my signature shall have t is report as required by Chapter 607,	9.07(3)(k), Fid	rida Statu	ites. I further

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Priorie