

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002150 (0)**

1. Corporation Name

SGI SUPPORTIVE HOUSING, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

04/27/1994

4. FEI Number

65-0492054

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 198.032
Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

**% LOUIS STEIN/ STEIN INSTITUTE
5200 NE 2ND AVE
MIAMI FL 33137**

**% LOUIS STEIN/ STEIN INSTITUTE
5200 NE 2ND AVE
MIAMI FL 33137**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIELDSTONE, RONALD R
2601 S BAYSHORE DR
STE 1600
MIAMI FL 33133**

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 fee if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

CYPEN, IRVING

STREET ADDRESS

825 ARTHUR GODFREY RD

CITY - ST - ZIP

MIAMI BEACH FL 33130

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

CYPEN, WAYNE A

STREET ADDRESS

825 ARTHUR GODFREY RD

CITY - ST - ZIP

MIAMI BEACH FL 33130

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

D

NAME

CYPEN, STEPHEN H

STREET ADDRESS

825 ARTHUR GODFREY RD

CITY - ST - ZIP

MIAMI BEACH FL 33130

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

D

NAME

BECK, HAROLD

STREET ADDRESS

700 CORAL WAY

CITY - ST - ZIP

CORAL GABLES FL 33134

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

D

NAME

STEIN, LOUIS

STREET ADDRESS

5500 COLLINS AVE #1702

CITY - ST - ZIP

MIAMI BEACH FL 33140

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

D

NAME

STEIN, BESS

STREET ADDRESS

5500 COLLINS AVE #1702

CITY - ST - ZIP

MIAMI BEACH FL 33140

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Harold Beck

4/12/95

751-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR