

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002150 (0)**

1. Corporation Name

**SGI SUPPORTIVE HOUSING, INC.**



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

3. Date Incorporated or Qualified <b>04/27/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. F.E.I. Number <b>65-0492054</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent, if not applicable) (NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPEN, IRVING</b>	12 NAME	
STREET ADDRESS	<b>825 ARTHUR GODFREY RD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33130</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPEN, WAYNE A</b>	22 NAME	
STREET ADDRESS	<b>825 ARTHUR GODFREY RD</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33130</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPEN, STEPHEN H</b>	32 NAME	
STREET ADDRESS	<b>825 ARTHUR GODFREY RD</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33130</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, HAROLD</b>	42 NAME	
STREET ADDRESS	<b>700 CORAL WAY</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, LOUIS</b>	52 NAME	
STREET ADDRESS	<b>5500 COLLINS AVE #1702</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, BESS</b>	62 NAME	
STREET ADDRESS	<b>5500 COLLINS AVE #1702</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96**

**305-7518624**

Date

Daytime Phone #

CR2E037 (12/95)