1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400002150

MIAMI FL 33137

22

SGI SUPPORTIVE HOUSING, INC.

Principal	Place of Business	
% LOUIS 5200 NE	STEIN/ STEIN INSTI 2ND AVE	TUTE

2. Principal Place of Business

Suite, Apt. #, etc.,

City & State

Mailing Address

% LOUIS STEIN/ STEIN INSTITUTE 5200 NE 2ND AVE

MIAMI FL 33137

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90174 047 ****70.00

447084 - 90174 - 47 4 *

Applied For

\$8.75 Additional

Not Applicable

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	1191 ## 111 1		

3. Date incorporated or Qualifed

04/27/1994

65-0492954

4. FEI Number

City & Stat	O	City & State		5. Certificate of Status Desired	ቅ ሪ./ ኃ Additiona	al I						
23		28			Fee Required	{						
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	,						
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to Fees							
	9. Name and Address of Current F	Registered Agent	10. Name and Address of New Registered Agent									
	•		81 Name ST	EPHEN H CYPEN,	ESQ.							
GOLDSMI	TH, SETH B.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	0 0	- }						
5200 N.E.	2ND AVENUE		83	825 Anthur Godfrey Koad								
Miami Fl	33137		03	•		1						
			84 City M	IAMI BEACH FI	85 Zip Code 3313c	S						
11. Pursuant	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.											
office or r	egistered agent, or both, in the State of	Florida, Such change was auth	orized by the corporation	on's board of directors. I hereby accept the appo	Introent as registered	Ì						
	1 Scal XI	est en		4/21	199	- 1						
SIGNATURE	Signature, typed of printed name of registered agent as	nd titl it applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE	/ 	•						
12.	OFFICERS AND	PRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A								
TITLE	D	☐ DELETE	1.1 TITLE	•	Change Ad	Idition						
NAME	CYPEN, IRVING		1.2 NAME			Į						
STREET ADDRESS	825 ARTHUR GODFREY RD		1.3 STREET ADDRESS			1						
CITY-ST-ZIP	MIAMI BEACH FL 33130		1.4 CiTY-ST-ZIP									
πιΕ	D	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Ad	dition						
NAME	CYPEN, WAYNE A	,	2.2 NAME	•								
STREET ADDRESS	825 ARTHUR GODFREY RD		2.3 STREET ADDRESS			- }						
CITY-ST-ZIP	MIAMI BEACH FL 33130		2.4 CITY-ST-ZIP									
TITLE .	D	☐ DELETE	3.1 TITLE	•	Change Ad	ldition						
NAME	CYPEN, STEPHEN H		3.2 NAME	المراجعة المستحد	, ,	- 1						
STREET ADDRESS	825 ARTHUR GODFREY RD		3.3 STREET ADORESS			1						
CITY-ST-ZIP	MIAMI BEACH FL 33130		3.4. CITY-ST-ZIP									
πLE	D	☐ DELETE	4.1 TITLE		Change Ad	ddition						
NAME	BECK, HAROLD		4. 2 NAME	•		İ						
STREET ADDRESS	700 CORAL WAY		4.3 STREET ADDRESS									
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP									
TILFE	D	☐ DELETE	5.1 TITLE	•	☐ Change ☐ Ad	Idition						
NAME .	BRADY, DAN		5.2 NAME	,								
STREET ADDRESS	701 LINCOLN ROAD		5.3 STREET ADDRESS		•							
CITY-ST-ZIP	MIAMI BEACH FL 33139		5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	ddition						
NAME			6.2 NAME	4 8	•	}						
STREET ADDRESS			6.3 STREET ADDRESS									

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP