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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002150

1. Corporation Name  
SGI SUPPORTIVE HOUSING, INC.

Principal Place of Business: % LOUIS STEIN/ STEIN INSTITUTE, 5200 NE 2ND AVE, MIAMI FL 33137  
Mailing Address: % LOUIS STEIN/ STEIN INSTITUTE, 5200 NE 2ND AVE, MIAMI FL 33137

447084 - 90174 - 8 4 \*



2. Principal Place of Business (21-24), 2a. Mailing Address (26-29), 3. Date Incorporated or Qualified (04/27/1994), 4. FEI Number (65-0492954), 5. Certificate of Status Desired (X), 6. Election Campaign Financing (Trust Fund Contribution).

9. Name and Address of Current Registered Agent (GOLDSMITH, SETH B.), 10. Name and Address of New Registered Agent (STEPHEN H CYPEN, ESQ., 825 Arthur Godfrey Road, MIAMI BEACH FL 33130).

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: [Signature] DATE: 4/26/99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include CYPEN, IRVING; CYPEN, WAYNE A; CYPEN, STEPHEN H; BECK, HAROLD; BRADY, DAN.

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.

SIGNATURE: [Signature] DATE: 4/26/99 DAYTIME PHONE #: 305-532-3220

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