


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000002150 (0)**

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
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 04/27/1994	
4. FEI Number 65-0492954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133

10. Name and Address of New Registered Agent 81 Name Seth B. Goldsmith 82 Street Address (P.O. Box Number is Not Acceptable) 5200 N.E. 2nd Avenue 83 84 City Miami, FL 85 Zip Code 33137

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  DATE **4/4/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D CYPEN, IRVING
STREET ADDRESS	825 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	D CYPEN, WAYNE A
STREET ADDRESS	825 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	D CYPEN, STEPHEN H
STREET ADDRESS	825 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	D BECK, HAROLD
STREET ADDRESS	700 CORAL WAY
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan Brady
1.3 STREET ADDRESS	701 Lincoln Road
1.4 CITY-ST-ZIP	Miami Beach, FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:  DATE **4/2/98** 305 751-8624

CR2E037 (10/97)