

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:49

DOCUMENT # P92000013767 (8)

1. Corporation Name

ST JOHN HOUSING CORPORATION II, INC.

Principal Place of Business

**1324 NW 3RD AVE
MIAMI FL**

Mailing Address

**PO BOX 015344
MIAMI FL 33101-5344
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0392379

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**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DANIELS, HENRY W
100 NW 47TH TERRACE
MIAMI FL 33127**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DANIELS, HENRY
100 NW 47 TERRACE
MIAMI FL 33127**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DAY, HERBERT L
9220 NW 12TH AVE
MIAMI FL 33150**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
STEPHENS, MATTIE S
2245 NW 110 ST
MIAMI FL 33167**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
WINN, ROBERT L
2751 BISCAYNE BLVD
MIAMI FL 33138**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BAKER, ROBERT
1760 NW 132ND ST
MIAMI FL 33167**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**D
BERRIAN, MATTIE F.
2245 N.W. 110TH STREET
MIAMI, FLORIDA 33167**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert L. Day* HERBERT L. DAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (305) 821-6361
Date Telephone Number