

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P92000013790**

1. Corporation Name

ST JOHN HOUSING CORPORATION III, INC.

Principal Place of Business

**1324 N.W. 3RD AVENUE
MIAMI FL 33136**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

65-0390524

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALCOLM K. STEPHENS
1324 N.W. 3RD AVE.
MIAMI FL 33136**

81 Name

DAVID E. DAYS

82 Street Address (P.O. Box Number is Not Acceptable)

1324 NW THIRD AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33136

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

DAVID E. DAYS

7/7/99

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ADAMS, NELSON L III M**

STREET ADDRESS **1098 NE 95 ST**

CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **D** ☒ DELETE

NAME **KING, JOHNNIE L**

STREET ADDRESS **1310 NW 52 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **WINN, ROBERT L**

STREET ADDRESS **2751 BISCAYNE BLVD**

CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ DELETE

NAME **BAKER, ROBERT**

STREET ADDRESS **1760 NW 132ND ST**

CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ DELETE

NAME **ROBINSON, ANDREW**

STREET ADDRESS **720 NE 155 TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **WALKER, DOROTHY B**

STREET ADDRESS **5921 SW 60 ST**

CITY-ST-ZIP **MIAMI FL**

1.1 TITLE

PRESIDENT ☒ Change ☐ Addition

1.2 NAME

JOHNNIE L. KING

1.3 STREET ADDRESS

1310 NW 52ND STREET

1.4 CITY-ST-ZIP

MIAMI, FLORIDA 33142

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

SIGNATURE: **Andrew Robinson** **ANDREW ROBINSON**

7/7/99

305- 940-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)