

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063198 (2)

1. Corporation Name

SCB HOUSING CORP.

d/b/a DreamMaker Homes

Principal Place of Business

Mailing Address

12421 N. FLORIDA AVENUE
TAMPA FL 33612

12421 N. FLORIDA AVENUE
TAMPA FL 33612



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

COHN, HOWARD R
9635-B BOCA GARDEN CIRCLE NORTH
BOCA RATON FL 33496

3. Date Incorporated or Qualified

3a. Date of Last Report

08/15/1995

4. FEI Number

59-3363209

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

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 of new or previous agent, if applicable (Not required for agent signature required when changing)

(Not required for agent signature required when changing)

(Not required for agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PDC, Brower, Corey G.
STREET ADDRESS 3332 Westmoreland Dr.
CITY-STATE-ZIP Tampa, FL 33618

TITLE ☐ DELETE
NAME DST
STREET ADDRESS Cohn, Steven A.
CITY-STATE-ZIP 3332 Westmoreland Dr.
Tampa, FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDC, Brower, Corey G. ☐ Change ☒ Addition
1.2 NAME 3332 Westmoreland Dr.

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Tampa, FL 33618

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

DST
Cohn, Steven A.
3332 Westmoreland Dr.
Tampa, FL 33618

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

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***225.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Cohn

6/21/96

813-935-1600

CR2E034 (3/96)