

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000063198 (2)

1. Corporation Name

SCB HOUSING CORP.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 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 15100 Hutchison Rd. | | 26 15100 Hutchison Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Tampa, FL | | 28 Tampa, FL | |
| Zip | | Zip | |
| 24 33625 | | 29 33625 | |
| Country | | Country | |
| 25 Hillsborough | | 30 Hillsborough | |

| | |
|---|--|
| 3. Date Incorporated or Qualified | |
| 08/15/1995 | |
| 4. FEI Number | Applied For |
| 59-3363209 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| | |
|--|-------------|
| 9. Name and Address of Current Registered Agent | |
| COHN, HOWARD R 9835-B BOCA GARDEN CIRCLE NORTH BOCA RATON FL 33496 | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| FL | |

| | |
|--|--|
| 10. Name and Address of New Registered Agent | |
| | |
| | |
| | |
| | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PDC | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWER, COREY G | 1.2 NAME | |
| STREET ADDRESS | 3332 WESTMORELAND DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33618 | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHN, STEVEN A | 2.2 NAME | |
| STREET ADDRESS | 13721 ATTLEY PLACE | 2.3 STREET ADDRESS | 3330 Cheviot Dr. |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | 33618 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Steven A. Cohn* 4/14/98 813-963-1300

CR2E034 (10/97)