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

0401658

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000063198

1. Corporation Name
SCB HOUSING CORP.

Principal Place of Business	Mailing Address
15100 HUTCHINSON RD TAMPA FL 33625 US	15100 HUTCHINSON RD TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 11605 N. Nebraska Ave
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip 24 33612 Country 25 USA

2a. Mailing Address
26 11605 N. Nebraska Ave.
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33612 Country 30 USA

3. Date Incorporated or Qualified
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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
81 Name: Steven A. Cohn
82 Street Address (P.O. Box Number is Not Acceptable): 3300 Cheviot Drive
83
84 City: Tampa FL 85 Zip Code: 33618

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 X [signature] 2/24/99
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	PDC	[ ] DELETE
NAME	BROWER, COREY G	
STREET ADDRESS	3332 WESTMORELAND DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DST	[ ] DELETE
NAME	COHN, STEVEN A	
STREET ADDRESS	3300 CHEVIOT DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS	500002792255--9	
1 4 CITY-ST-ZIP	-03/02/99--01061--013	
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME	****150.00 ****150.00	
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] (813)963-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)