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



Sandra S. Mortham

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra 8. Mortham Secretary of State DIVISION OF CORPORATIONS					May 06 1998 8:00am Secretary of State	
1. Corporation	IIX HOUSING CORP.	Mailing Add	dress ENDENT DRIVE		1 1887/1881 118 1814 8141 8141 8141 8141 8141	
JACKSONVILL	.E FL 32202	JACKSONV	ILLE FL 32202		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/16/1996	SPACE
├ ──`	face of Business		2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt #, etc.		59-3396400	Not Applicable
22		27	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has paid the cu	
24	25	29		10		Yes No
150	g. Name and Address of Cu SLER, MITCHELL W	urrent Registered Ag	ent	81 Name	10. Name and Address of New Registered	Agent
SU JAC	E INDEPENDENT DRIVE ITE 3104 CKSONVILLE FL 32202 to the provisions of Sections 607 equistered agent, or both, in the Sections 607	0502 and 607 1508, Slate of Florida Such	Florida Statutes	84 City	rporation submits this statement for the purpose attor's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE						
12.	Signature, typed or pentind name of registers OF FICE RS	ed agent and little if applicable S AND DIRECTORS	(NO1E	Registered Agent signature requ	ured when rainstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
NAME STREET ADDRESS	HIGGINBOTHAM, JOHNIN 914 RIDGEWAY COURT	IE JR	•	12 NAME 13 STREET ADDRESS		26
CITY-ST-ZIP	ORANGE PARK FL 32085	,		1.4 City-St-ZiP		l S
TITLE	D		DELETE	2.1 TITLE		Change Addition
NAME	LEGLER, HARRIETTE D			2.2 NAME		ĺ
STREET ADDRESS	1108 PALMER TERRACE	,		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		DELETE	2 4 CITY-ST-ZIP		Change Addition
NAME			_ occur	3.2 NAME		C committee (C) (Monthly)
STREET ADDRESS				3,3 STREET ADDRESS		
CITY - ST - ZIP				3.4. CITY-ST-ZIP		
TITLE		E	DELFTE	4.1 TITLE		Change Addition
NAME CORETY ADODGGG				4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TITLE	N. N	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		\
CITY-ST-ZIP				5.4 City-St-ZiP		
TITLE		E	DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		

CITY-ST-ZIP 14. Thereby 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 trustge 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 po an attention of the corporation of the corpo

SIGNATURE:

FILED