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**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S19584 (9)

1. Corporation Name:
ST JOHN HOUSING CORPORATION, INC.



Principal Place of Business: **% ST JOHN CDC P.O. BOX 015344 MIAMI FL 33101-5344**
Mailing Address: **% ST JOHN CDC P.O. BOX 015344 MIAMI FL 33101-5344**

3. Date Incorporated or Qualified: **12/19/1990**
3a. Date of Last Report: **01/31/1996**
4. FEI Number: **65-0241237**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**DANIELS, HENRY W.
100 N.W. 47TH TERRACE
MIAMI FL 33127**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRIAN, MATTIE	
STREET ADDRESS	2245 N.W. 110TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAY, HERBERT L.	
STREET ADDRESS	9220 N.W. 12TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNN, ROBERT L	
STREET ADDRESS	7251 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, ROBERT	
STREET ADDRESS	1760 N.W. 132ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENRY W. DANIELS	
1.3 STREET ADDRESS	100 N.W. 47TH TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33127	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NELSON L. ADAMS III, M.D.	
2.3 STREET ADDRESS	1098 N.E. 95TH STREET	
2.4 CITY-ST-ZIP	MIAMI SHORES, FLORIDA 33138	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNNIE L. KING	
3.3 STREET ADDRESS	1310 N.W. 52ND STREET	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142	
4.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREW ROBINSON	
4.3 STREET ADDRESS	720 N.E. 155 TERRACE	
4.4 CITY-ST-ZIP	N. MIAMI, FLORIDA 33162	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES E. UPTGROW	
5.3 STREET ADDRESS	12925 N.W. 1ST COURT	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33168	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DOROTHY B. WALKER	
6.3 STREET ADDRESS	5921 S.W. 60TH STREET	
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143	

14. I do 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 included 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: *Henry W. Daniels*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 (305) 576-4774
Date Daytime Phone #

CR2E034 (9/96)