


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

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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S19584 (9)

1. Corporation Name  
ST JOHN HOUSING CORPORATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1990	4. FEI Number 65-0241237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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	MALCOLM K. STEPHENS
82 Street Address (P.O. Box Number is Not Acceptable)	915 NW 1ST AVENUE
83	APARTMENT 1602
84 City	MIAMI
85 Zip Code	FL 33136

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 MALCOLM K. STEPHENS DATE 1/21/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, HENRY W.	1.2 NAME	JOHN H. TAYLOR
STREET ADDRESS	100 N.W. 47TH TERR.	1.3 STREET ADDRESS	1465 NW 203RD STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, L. ADAMS I M.D.	2.2 NAME	ROBERT L. WYNN
STREET ADDRESS	1098 N.E. 95TH ST.	2.3 STREET ADDRESS	171 NW 37TH STREET
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33127
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ROBERT L	3.2 NAME	
STREET ADDRESS	7251 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT	4.2 NAME	
STREET ADDRESS	1760 N.W. 132ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHNNIE L.	5.2 NAME	
STREET ADDRESS	1310 N.W. 52ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANDREW	6.2 NAME	
STREET ADDRESS	720 N.E. 115 TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	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, on an attachment with an address.

SIGNATURE: Robert L. Wynn ROBERT L. WYNN

01/21/98 (305) 576-5443

CR2E034 (10/97)