

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **S19584** ✓

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

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

**MALCOLM K STEPHENS**  
**915 NW 1ST AVE #1602**  
**MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/19/1990**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**DAVID E. DAYS**

82 Street Address (P.O. Box Number is Not Acceptable)

**1324 Nw THIRD AVENUE**

83

84 City

**MIAMI**

**FL**

85 Zip Code  
**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

**DAVID E. DAYS**

**7/7/99**

Signature typed by hand of name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **ROBERT L WYNN**  
STREET ADDRESS **171 NW 37TH ST**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ DELETE  
NAME **NELSON, L. ADAMS I.M.D.**  
STREET ADDRESS **1098 N.E. 95TH ST.**  
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **D** ☐ DELETE  
NAME **JOHN H TAYLOR**  
STREET ADDRESS **1465 NW 203RD ST**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ DELETE  
NAME **BAKER, ROBERT**  
STREET ADDRESS **1760 N.W. 132ND ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **KING, JOHNNIE L.**  
STREET ADDRESS **1310 N.W. 52ND ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ DELETE  
NAME **ROBINSON, ANDREW**  
STREET ADDRESS **720 N.E. 115 TERR.**  
CITY-ST-ZIP **N. MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
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.

SIGNATURE: **Andrew Robinson** ANDREW ROBINSON

**7/7/99**

**305-940-4106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)