

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 767521 (8)
1. Corporation Name
RHO SIGMA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.



Principal Place of Business Mailing Address
P.O. BOX 3631 MIAMI FL 33269 P.O. BOX 3631 MIAMI FL 33269

3. Date Incorporated or Qualified 03/17/1983
3a. Date of Last Report 08/14/1995
4. FEI Number 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
MARTIN R. EDMONDS
19420 N.W. 7 CT.
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name OLIVER ASHLEY
82 Street Address (P.O. Box Number is Not Acceptable) 19720 NW 41 AVE
83
84 City Miami FL 85 Zip Code 33056

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Oliver M. Ashley* 3-3-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLIVER ASHLEY	
STREET ADDRESS	19720 NW 41 AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN EDMONDS	
STREET ADDRESS	19220 N.W. 7 CT.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, PRENTICE	
STREET ADDRESS	16340 N.W. 17 PL.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CRAWL, CARLTON (RECORD.)	
STREET ADDRESS	10220 SW 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	OLIVER ASHLEY		
1.3 STREET ADDRESS	19720 NW 41 AVE		
1.4 CITY-ST-ZIP	MIAMI FL 33056		
2.1 TITLE	V PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RAY SMITH		
2.3 STREET ADDRESS	17311 N.W. 47 AVE		
2.4 CITY-ST-ZIP	Carol City FL 33056		
3.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	RICHARD DAVIS		
3.3 STREET ADDRESS	8931 NW 8 ST		
3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Oliver M. Ashley* 3-3-96 625-4105
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)