


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 15 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30250 (7)**  
1. Corporation Name

**UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HO USING CORPORATION, INC.**



Principal Place of Business 2584 WESTMINSTER TERR. OVIEDO FL 32765	Mailing Address 2584 WESTMINSTER TERR. OVIEDO FL 32765
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3. Date Incorporated or Qualified  
**01/19/1989**

4. FEI Number <b>59-2956326</b>	Applied For Not Applicable
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2. Principal Place of Business 21 <b>4419 CREEK CT.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>484 Wild Fox Dr.</b> Suite, Apt. #, etc.
22 City & State 23 <b>ORLANDO, FL</b>	27 City & State 28 <b>CASSELBERRY, FL</b>
24 Zip <b>32816</b>	25 Country
29 Zip <b>32707</b>	30 Country <b>US</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WEAVER, DOUGLAS J**  
2584 WESTMINSTER TERR.  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name <b>PAUL B. STARKS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>484 Wild Fox Dr.</b>
83
84 City <b>CASSELBERRY FL</b>
85 Zip Code <b>32707</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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: *Paul B. Starks* DATE: **1-5-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>WEAVER, DOUGLAS J</b>	
STREET ADDRESS	<b>2584 WESTMINSTER TERR.</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>STARKS, PAUL</b>	
STREET ADDRESS	<b>484 WILD FOX DR</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MURRAH, KENNETH</b>	
STREET ADDRESS	<b>800 WEST MORSE BLVD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>O'DONAHUE, BRUCE</b>	
STREET ADDRESS	<b>3423 ALL AMERICAN BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DIAL, GLEN</b>	
STREET ADDRESS	<b>501 S. NEW YORK AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>PAUL B. STARKS</b>		
1.3 STREET ADDRESS	<b>484 Wild Fox Dr.</b>		
1.4 CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>		
2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>GEORGE W. STARKS</b>		
2.3 STREET ADDRESS	<b>4814 E. LAKE DR.</b>		
2.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>		
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>CAREY HOBBS</b>		
3.3 STREET ADDRESS	<b>833 BROOKFIELD LOOP</b>		
3.4 CITY-ST-ZIP	<b>LAKE MART, FL 32746</b>		
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>MIKE RUCOER</b>		
4.3 STREET ADDRESS	<b>12372 SHADY SPRING WAY</b>		
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul B. Starks* DATE: **1-5-98** PHONE: **407-699-1565**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)