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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000356 (3)

1. Corporation Name

FAU ALUMNI OF SIGMA PHI EPSILON, INC.

Principal Place of Business	Mailing Address
20533 BISCAYNE BOULEVARD, #N336 AVENTURA FL 33180	20533 BISCAYNE BOULEVARD, #N336 AVENTURA FL 33180

3. Date Incorporated or Qualified

01/15/1996

4. FEI Number

65-0656915

Applied For
Not Applicable

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

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

CHANELES, STEVEN B ESO.
20533 BISCAYNE BOULEVARD, #N336
AVENTURA FL 33180

81 Name

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

3300 NE 192 ST, #1012

83

84 City

AVENTURA

FL

85 Zip Code

33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CHANELES, STEVEN B
20533 BISCAYNE BLVD #N336
AVENTURA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

~~6340 NW 5th Way~~ 3300 NE 192 ST #1012

FL AVENTURA, FLORIDA 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
AYDUB, RON
5710 SO DIXIE HWY
W PALM BCH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

AYDUB, RON

↑ IT'S AN "O" NOT A "D"

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBHZON, REELE
20533 BISCAYNE BLVD #N336
AVENTURA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

ROBERSON, REECE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, on an attachment with an address.

SIGNATURE:

Steven B. Chaneles

4/20/98 (954)351-2120

CP2E037 (10/97)