

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 762254

(1)

1. Corporation Name

THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU
OMEGA FRATERNITY, INC

Principal Place of Business

Mailing Address

2610 N.W. 43RD ST.
C/O T.W. KASKEY, CPA
GAINESVILLE FL 32606-6677

2610 N.W. 43RD ST.
C/O T.W. KASKEY, CPA
GAINESVILLE FL 32606-6677

3. Date Incorporated or Qualified

03/02/1982

4. FEI Number

59-0140545

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2937 Butler Bay Dr N.

22 City & State

27 C/O T.W. KASKEY, CPA

23 Zip

Country

28 Windermere, FL

Zip

Country

24

25

29 34786

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASKEY, T.W.
2610 NW 43RD. ST. #10
GAINESVILLE FL 32606

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D
NAME HENRY, J.D.
STREET ADDRESS 302 N.W. 6TH STREET
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE D
NAME MATURO, FRANK, JR
STREET ADDRESS 3010 N.W. 9TH PLACE
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE D
NAME KASKEY, T.W.
STREET ADDRESS 2610 NW 43 ST.
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-98

352-378-6699

CR2E037 (5/98)