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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704593					
1. Corporation Name ORDER OF AHEPA, FORT LAUDERDALE CHAPTER NO. 394, INC.					
Principal Place of Business 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304			Mailing Address 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1962 4. FEI Number 59-0121275 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CARRATT, HARRY G. 2801 E OAKLAND PK BLVD STE 500 FT. LAUDERDALE FL 33306			10. Name and Address of New Registered Agent 81 Name MICHAEL HOMATAS 82 Street Address (P.O. Box Number is Not Acceptable) 708 SE 25 AVE 83 84 City POMPANO BEACH FL 85 Zip Code 33062		
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 <i>Michael Homatas</i> DATE 2-12-99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME CARRATT, HARRY G. STREET ADDRESS 2801 E. OAKLAND PK. BLVD CITY-ST-ZIP FT. LAUDERDALE FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME HOMATAS, MICHAEL STREET ADDRESS 708 SE 25TH AVE CITY-ST-ZIP POMPANO BEACH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME FRANZELAS, JAMES STREET ADDRESS 601 S.W. 12TH COURT CITY-ST-ZIP FT. LAUDERDALE FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME JAMES JANNIDIS STREET ADDRESS 577 SPINNAKER CITY-ST-ZIP WESTON, FL 33326			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)