

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:12

DOCUMENT # 710315 (3)

1. Corporation Name
PI KAPPA PHI PROPERTIES, INC.

Principal Place of Business Mailing Address
7017 NATIONAS FORD ROAD P. O. BOX 240526
CHARLOTTE NC 28217 CHARLOTTE NC 28224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1966	3a. Date of Last Report 02/14/1994
4. FEI Number 59-6216310	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent HIGHTOWER, NATHAN 400 CLEVELAND STREET CLEARWATER FL 33515	10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDUX, TRACY D	1.2 NAME	
STREET ADDRESS	7017 NATIONAS FORD RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, PHILLIP	2.2 NAME	ROBERT J. PATERNO
STREET ADDRESS	1002 N. FIRST ST.	2.3 STREET ADDRESS	801 BRICKELL AVE., 14TH FLOOR
CITY - ST - ZIP	VINCENNES IN	2.4 CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, STUAR W	3.2 NAME	JAY J STUCKEL
STREET ADDRESS	900 N MICHIGAN AV S 1400	3.3 STREET ADDRESS	901 VICTORY DRIVE
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	ST LOUIS, MO 63125
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUION, BENJAMIN M.	4.2 NAME	
STREET ADDRESS	40 CABARRUS AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CONCORD NC	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, HARRY E JR.	5.2 NAME	MARK JACOBS
STREET ADDRESS	985 VALLEY VIEW RD.	5.3 STREET ADDRESS	10 W MARKET STREET, STE 900
CITY - ST - ZIP	INDIAN SPRINGS AL 35124	5.4 CITY - ST - ZIP	INDIANAPOLIS, IN 46204
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERNEST J	6.2 NAME	
STREET ADDRESS	1999 AVE OF THE STARS, STE 2900	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	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 110.07(3)(b), 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: 1/12/95 (704) 523-6000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Filing Office #)