

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710315 (3)
1. Corporation Name
PI KAPPA PHI PROPERTIES, INC.



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

3. Date Incorporated or Qualified: **02/04/1966**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: **59-6216310**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HIGHTOWER, NATHAN
400 CLEVELAND STREET
CLEARWATER FL 33515**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	MADDUX, TRACY D	1.1 TITLE:	
NAME:	7017 NATIONS FORD RD	1.2 NAME:	
STREET ADDRESS:	CHARLOTTE NC	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: D	PATERNO, ROBERT J	2.1 TITLE:	
NAME:	801 BRICKELL AVE. 14TH FLOOR	2.2 NAME:	
STREET ADDRESS:	MIAMI FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: D	STUCKEL, JAY J	3.1 TITLE:	
NAME:	901 VICTORY DRIVE	3.2 NAME:	
STREET ADDRESS:	ST LOUIS MO	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: TD	GUION, BENJAMIN M.	4.1 TITLE:	TD
NAME:	40 CABARRUS AVENUE	4.2 NAME:	GUION, BENJAMIN M
STREET ADDRESS:	CONCORD NC	4.3 STREET ADDRESS:	8604 CLIFF CAMERON DRIVE, SUITE 100
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	CHARLOTTE, NC 28269
TITLE: D	JACOBS, MARK	5.1 TITLE:	
NAME:	10 W MARKET STREET, SUITE 900	5.2 NAME:	
STREET ADDRESS:	INDIANAPOLIS IN	5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: PD	JOHNSON, ERNEST J	6.1 TITLE:	PD
NAME:	1999 AVE OF THE STARS, STE 2900	6.2 NAME:	JOHNSON, ERNEST J
STREET ADDRESS:	LOS ANGELES CA	6.3 STREET ADDRESS:	811 WILSHIRE BLVD, SUITE 1650
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	LOS ANGELES, CA 90017

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 119.07(3)(k), 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: **TRACY D MADDUX 3-18-96 (704) 523-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)