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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710315 (3)

1. Corporation Name
PI KAPPA PHI PROPERTIES, INC.



Principal Place of Business 7017 NATIONS FORD ROAD CHARLOTTE NC 28217	Mailing Address P. O. BOX 240526 CHARLOTTE NC 28224-0526
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1966	3a. Date of Last Report 03/25/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6216310	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HIGHTOWER, NATHAN 400 CLEVELAND STREET CLEARWATER FL 33515				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MADDOX, TRACY D		1.2 NAME ERICKSON, EVAN A	
STREET ADDRESS 7017 NATIONS FORD RD		1.3 STREET ADDRESS 7017 NATIONS FORD RD	
CITY-ST-ZIP CHARLOTTE NC		1.4 CITY-ST-ZIP CHARLOTTE, NC 28217	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATERNO, ROBERT J		2.2 NAME PATERNO, J	
STREET ADDRESS 801 BRICKELL AVE. 14TH FLOOR		2.3 STREET ADDRESS 801 BRICKELL AVE. 14TH FLOOR	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI FL 33138	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUCKEL, JAY J		3.2 NAME STUCKEL, JAY J	
STREET ADDRESS 901 VICTORY DRIVE		3.3 STREET ADDRESS 6157 KERTH ROAD	
CITY-ST-ZIP ST LOUIS MO		3.4 CITY-ST-ZIP ST LOUIS MO 63127	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUION, BENJAMIN M		4.2 NAME LEAK, J. COUNCILL	
STREET ADDRESS 8604 CLIFF CAMERON DRIVE, SUITE 100		4.3 STREET ADDRESS 1900 ROXBOROUGH RD, STE 200	
CITY-ST-ZIP CHARLOTTE NC		4.4 CITY-ST-ZIP CHARLOTTE NC 28211	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, MARK		5.2 NAME JACOBS, MARK	
STREET ADDRESS 10 W MARKET STREET, SUITE 900		5.3 STREET ADDRESS 10 W MARKET STREET, SUITE 900	
CITY-ST-ZIP INDIANAPOLIS IN		5.4 CITY-ST-ZIP INDIANAPOLIS, IN 46282	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, ERNEST J		6.2 NAME ASPINWALL, GLENN	
STREET ADDRESS 811 WILSHIRE BLVD, SUITE 1650		6.3 STREET ADDRESS 250 WILLIAMS STREET, MEZZANINE LEVEL	
CITY-ST-ZIP LOS ANGELES CA		6.4 CITY-ST-ZIP ATLANTA GA 30303	

14. I do 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: _____ DATE: 1-13-97 DAYTIME PHONE: 0075732

CR2E037 (9/96)