

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 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 # 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
---	---

3. Date Incorporated or Qualified 02/04/1966		
4. FEI Number 59-6216310	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 7017 NATIONS FORD ROAD	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CHARLOTTE NC 28217	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 ERICKSON, EVAN A		1.2 NAME TIMMES, MARK E	
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 SD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATERNO, ROBERT J		2.2 NAME LINDER, GREGORY V	
STREET ADDRESS 801 BRICKELL AVE. 14TH FLOOR		2.3 STREET ADDRESS 72 SE 6TH AVE	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STUCKEL, JAY J		3.2 NAME BARNARD, CHUCK	
STREET ADDRESS 6157 KERTH RD		3.3 STREET ADDRESS 101 N 1 ST AVE, 15TH FLOOR	
CITY-ST-ZIP ST LOUIS MO		3.4 CITY-ST-ZIP PHOENIX, AZ 85003	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEAK, J COUNCILL		4.2 NAME	
STREET ADDRESS 1900 ROXBOROUGH RD STE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE PD	<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 5238 N NEW JERSEY STREET	
CITY-ST-ZIP INDIANAPOLIS IN		5.4 CITY-ST-ZIP INDIANAPOLIS, IN 46220	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPINWALL, GLENN		6.2 NAME	
STREET ADDRESS 250 WILLIAMS ST, MEZZANINE LEVEL		6.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA		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: *Evan A Erickson* EVP 1/21/98

CR2E037 (10/97)