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Secretary of State

03-01-1999 90212 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714563

1. Corporation Name

GAMMA RHO INTERNATIONAL, INC.

Principal Place of Business

 317 NORTH CALHOUN STREET
 C/O STYLES, TAYLOR & METZLER
 TALLAHASSEE FL 32301
 US

Mailing Address

 POST OFFICE BOX 10138
 PO BOX 10138
 TALLAHASSEE FL 32302
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1713 Talpeco Rd		26		05/10/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1713 Talpeco Rd		27		59-2348453	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tallahassee		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24 32303 25 USA		29 30			

9. Name and Address of Current Registered Agent

 TAYLOR, RAYFORD H.
 317 NORTH CALHOUN STREET
 POST OFFICE BOX 10138
 TALLAHASSEE FL 32301

32303

10. Name and Address of New Registered Agent

 81 Name **EISNER, CRAIG J**
 82 Street Address (P.O. Box Number is Not Acceptable)
 1713 Talpeco Rd
 83
 84 City **Tallahassee** **FL** 85 Zip Code **32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLAS, ALLEN W	1.2 NAME	
STREET ADDRESS	6439 COUNT TURF TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWINSKI, JOE	2.2 NAME	
STREET ADDRESS	4723 PINTAIL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, RAYFORD H	3.2 NAME	EISNER, CRAIG J
STREET ADDRESS	317 NORTH CALHOUN STREET	3.3 STREET ADDRESS	1713 Talpeco Rd
CITY-ST-ZIP	TALLAHASSEE, FL 00000	3.4 CITY-ST-ZIP	Tallahassee - FL 32303
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/99

Daytime Phone #

850 562 9075

CR2E037 (1/98)