SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 31 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721346 (5)

1. Corporation Name
BETA ETA ZETA OF LAMBDA CHI ALPHA, INC.

REINSTATEMENT 96 12/31/96

Principal Place of Business	Mailing Address
2013 CONWAY GARDENS ROAD ORLANDO FL 32806	2013 CONWAY GARDENS ROAD ORLANDO FL 32806

3. Date Incorporated or Qualified: 07/14/1971
3a. ~~Date Last Report Filed~~: 04/20/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 31-0969086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

SAUNDERS, MICHAEL K.
2013 CONWAY GARDENS ROAD
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: 100002051841--0
-01/09/97--01014--004
82 Street Address (P.O. Box Number Is Not Acceptable): ****236.25 ****236.25
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 _____ DATE 12/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	JORGE, CHARLIE		1.2 NAME	MIKE CUCCARESE	
STREET ADDRESS	1009 AVILES COURT		1.3 STREET ADDRESS	1340 FOXFORREST CIR	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	WHITE, KEITH		2.2 NAME	CHARLE JORGE	
STREET ADDRESS	1100 S. ORLANDO AVE		2.3 STREET ADDRESS	1009 AVILES CT	
CITY-ST-ZIP	MATILAND FL		2.4 CITY-ST-ZIP	OVIEDO, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	RUMBOUGH, LARRY		3.2 NAME	GORDON MIRANDA	
STREET ADDRESS	2808 GRAY FOX LN.		3.3 STREET ADDRESS	7436 ANTIETAM CT	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	WINTERPARK, FL	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	CUCARESE, MIKE		4.2 NAME	SCOTT PULED	
STREET ADDRESS	1340 FOX FORREST CIR.		4.3 STREET ADDRESS	2961 S HORIZON PL	
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	OVIEDO, FL	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SAUNDERS, MICHAEL		5.2 NAME	MICHAEL SAUNDERS	
STREET ADDRESS	2013 CONWAY GARDENS RD.		5.3 STREET ADDRESS	2013 CONWAY GARDENS RD	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	EBERHARDT, JEFF		6.2 NAME	KEITH WHITE	
STREET ADDRESS	8929 EROSE HILL DR.		6.3 STREET ADDRESS	1100 S ORLANDO AVE	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	MAITLAND, FL	

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: SIGNATURE REQUIRED 12/10/96 867-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004365

CR2E037 (3/96)