

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:48

DOCUMENT # 728040 (7)

1. Corporation Name

ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

Principal Place of Business

Mailing Address

% JEFFREY S. KRAMER
7000 SW 62ND AVE., #500
MIAMI FL 33143

% JEFFREY S. KRAMER
7000 SW 62ND AVE., #500
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1974

3a. Date of Last Report

02/07/1994

4. FEI Number

59-0817798

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 7700 N. KENDALL DR.

26 7700 N. KENDALL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 803

27 SUITE 803

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33156

25 USA

29 33156

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, JEFFREY S.
7000 SW 62ND AVE
PH-B
MIAMI FL 33143

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7700 N. KENDALL DR.

83 SUITE 803

84 City

MIAMI

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRITAN, SCOTT S.
STREET ADDRESS	7700 SW 88 ST 610
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	ADLER, LESLIE
STREET ADDRESS	1320 S. DIXIE HIGHWAY #1061
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	KRAMER, JEFFREY S.
STREET ADDRESS	7000 SW 62 AV 500
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	7700 N. KENDALL DR., S-803
1.4 CITY-ST-ZIP	MIAMI, FL 33156
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	7700 N. KENDALL DR., S-803
3.4 CITY-ST-ZIP	MIAMI, FL 33156
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 and, if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey S. Kramer Jeffrey S. Kramer 1-17-95 (305) 274-2111