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Feb 18 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 # 728040 (7)

1. Corporation Name

ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

Principal Place of Business	Mailing Address
7700 N. KENDALL DR. SUITE 803 MIAMI FL 33156 US	7700 N KENDALL DR. SUITE 803 MIAMI FL 33156 US

3. Date Incorporated or Qualified: 11/16/1974

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~KRAMER, JEFFREY S.~~
~~7700 N. KENDALL DR.~~
~~SUITE 803~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: SCOTT S BRITAN

82 Street Address (P.O. Box Number is Not Acceptable): 7700 N Kendall Dr #803

83

84 City: Miami FL 85 Zip Code: 33156

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 2/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PRES~~ T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRITAN, SCOTT S.		1.2 NAME	
STREET ADDRESS	7700 N. KENDALL DR., SUITE 803		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	~~SEC~~ T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADLER, LESLIE		2.2 NAME	
STREET ADDRESS	1320 S. DIXIE HIGHWAY #1061		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	~~VD~~	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~KRAMER, JEFFREY S.~~		3.2 NAME	
STREET ADDRESS	~~7700 N. KENDALL DR., SUITE 803~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STUART LICHTMAN		4.2 NAME	
STREET ADDRESS	304 Miracle Mile		4.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables FL 33134		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: [signature] 1/7/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #