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FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # 728040

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

2. Principal Place of Business
21 3145 NW 38th Street
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip 24 33142 Country 25 USA

2a. Mailing Address
26 3145 NW 38th Street
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33142 Country 30 USA

3. Date Incorporated or Qualified
11/16/1974

4. FEI Number
59-0617798
☐ 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. Name and Address of Current Registered Agent

BRITAN, SCOTT S
7700 N KENDALL DR
#803
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Sidney Bochner
82 Street Address (P.O. Box Number is Not Acceptable): 3145 NW 38th Street
83
84 City: Miami 85 State: FL Zip: 33142

11. Pursuant to the provisions of Section 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 my position as set forth in Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRITAN, SCOTT S. 7700 N. KENDALL DR., SUITE 803 MIAMI FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ADLER, LESLIE 1320 S. DIXIE HIGHWAY #1061 MIAMI FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LICHTMAN, STUART 204 MIRACLE MILE CORAL GABLES FL 33134	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T Sidney Bochner 3145 NW 38th Street Miami, FL 33142	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T Andrew Leeds 5891 SW 85th Street Miami, FL 33143	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Patrick Yoh 437 Santander #D Coral Gables FL 33134	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 Andrew Leeds, TRUSTEE 305-779-8162
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Daytime Phone #