

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729014 (1)
 1. Corporation Name

THE ETA IOTA HOUSE CORPORATION OF THE SIGMA CHI INTERNATIONAL FRATERNITY, INC.



Principal Place of Business: 520 SOUTH RIDGEWOOD AVE. DAYTONA BCH. FL 32114-4993
 Mailing Address: P. O. BOX 952 SHELBURNE VT 05482 US

3. Date Incorporated or Qualified: 03/08/1974
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 59-1925025
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 8744 SW 51 ST Suite, Apt. #, etc.: 27 City & State: 28 COOPER City, FL Zip: 29 33328 Country: 30 USA

9. Name and Address of Current Registered Agent: FRASER, DAVID 392 MUDDY CREEK LANE ORMOND BCH. FL 32174

10. Name and Address of New Registered Agent: B1 Name: KEVIN S. ALSTON B2 Street Address (P.O. Box Number is Not Acceptable): 8744 SW 51 ST B3 B4 City: COOPER City FL B5 Zip Code: 33328

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: KEVIN S. ALSTON Date: 6/16/96

12. OFFICERS AND DIRECTORS
 TITLE: PT NAME: FOULK, WILLIAM STREET ADDRESS: 5 WILD GINGER LN CITY-ST-ZIP: SHELBURNE VT 05482 [X] DELETE
 TITLE: V NAME: SMITH, SPENCER STREET ADDRESS: 4630 SUSSEX AVE CITY-ST-ZIP: JACKSONVILLE FL [] DELETE
 TITLE: SD NAME: MATTHEWS, ROBERT STREET ADDRESS: STE. 606-202, 1500 BEVILLE RD. CITY-ST-ZIP: DAYTONA FL 32114 [X] DELETE
 TITLE: D NAME: MCVEIGH, IAN STREET ADDRESS: 520 S. RIDGEWOOD AVE. CITY-ST-ZIP: DAYTONA BCH. FL 32114 [] DELETE
 TITLE: D NAME: ISAKSON, WILLIAM STREET ADDRESS: 13901 SW 83 LANE CITY-ST-ZIP: MIAMI FL 33186 [] DELETE
 TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: P [X] Change [] Addition
 1.2 NAME: KEVIN S. ALSTON
 1.3 STREET ADDRESS: 8744 SW 51 ST
 1.4 CITY-ST-ZIP: COOPER City, FL 33328
 2.1 TITLE: [] Change [] Addition
 2.2 NAME: []
 2.3 STREET ADDRESS: []
 2.4 CITY-ST-ZIP: []
 3.1 TITLE: T/S [X] Change [] Addition
 3.2 NAME: Travis Motes
 3.3 STREET ADDRESS: 816 SAN CHEL DRIVE
 3.4 CITY-ST-ZIP: PONTE VERDA BCH, FL 32082
 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: D [] Change [X] Addition
 6.2 NAME: William Foulk
 6.3 STREET ADDRESS: 5 WILD GINGER LN
 6.4 CITY-ST-ZIP: SHELBURNE VT 05482

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 of Block 13 if changed, or on separate attachment with an address.

SIGNATURE: [Signature] KEVIN S. ALSTON Date: 7/10/96 (954) 434-3728

CR2E037 (3/96)