


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northrup,
 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: 8744 SW 151 STREET COOPER CITY FL 33328 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 03/08/1974
 3a. Date of Last Report: 08/01/1996

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: 59-1925025
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ALSTON, KEVIN S
 8744 SW 51 STREET
 COOPER CITY FL 33328

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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: *Kevin S. Alston*
 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 | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALSTON, KEVIN | 1.2 NAME | |
| STREET ADDRESS | 8744 SW 51 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COOPER CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, SPENCER | 2.2 NAME | John Brian Lojko |
| STREET ADDRESS | 4630 SUSSEX AVE | 2.3 STREET ADDRESS | 74 Barrington Place |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | Marietta, GA 30066 |
| TITLE | TS | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOTES, TRAVIS | 3.2 NAME | ADKINS JOE |
| STREET ADDRESS | 86 SAN CHEZ DRIVE | 3.3 STREET ADDRESS | 5035 SW 93 AVE |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | 3.4 CITY-ST-ZIP | COOPER CITY FL 33328 |
| TITLE | D | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCVEIGH, IAN | 4.2 NAME | John V. Banta |
| STREET ADDRESS | 520 S. RIDGEWOOD AVE. | 4.3 STREET ADDRESS | 824 Kinwest Pkwy Apt. 102 |
| CITY-ST-ZIP | DAYTONA BCH. FL 32114 | 4.4 CITY-ST-ZIP | Irving, TX 75063 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ISAKSON, WILLIAM | 5.2 NAME | ISAKSON, WILLIAM |
| STREET ADDRESS | 13901 SW 93 LANE | 5.3 STREET ADDRESS | 13901 SW 93 LANE |
| CITY-ST-ZIP | MIAMI FL 33186 | 5.4 CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FOULK, WILLIAM | 6.2 NAME | FOULK, WILLIAM |
| STREET ADDRESS | 5 WILD GINGER LANE | 6.3 STREET ADDRESS | 5 WILD GINGER LANE |
| CITY-ST-ZIP | SHELBOURNE VT | 6.4 CITY-ST-ZIP | SHELBOURNE VT |

14. I do 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: *William Isakson*
 SIGNATURE REQUIRED

CR2E037 (4/97)