

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 5107 SW 93 AVE COOPER CITY FL 33328 US
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3. Date Incorporated or Qualified 03/08/1974		
4. FEI Number 59-1925025	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 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

**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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ALSTON, KEVIN
STREET ADDRESS	8744 SW 51 STREET
CITY-ST-ZIP	COOPER CITY FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LOJKO, JOHN BRIAN
STREET ADDRESS	79 BARRINGTON PLACE
CITY-ST-ZIP	MARIETTA GA
TITLE	T <input type="checkbox"/> DELETE
NAME	ADKINS, JOE
STREET ADDRESS	5035 SW 93 AVE
CITY-ST-ZIP	COOPER CITY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BANTA, JOHN V
STREET ADDRESS	824 KINWEST PKWY., APT 102
CITY-ST-ZIP	IRVING TX
TITLE	D <input type="checkbox"/> DELETE
NAME	ISAKSON, WILLIAM
STREET ADDRESS	13901 SW 93 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FOULK, WILLIAM
STREET ADDRESS	5 WILD GINGER LANE
CITY-ST-ZIP	SHELBOURNE VT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALSTON, KEVIN
1.3 STREET ADDRESS	5107 SW 93rd AVE
1.4 CITY-ST-ZIP	COOPER CITY, FL 33328
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Kevin S. Alston* **11/16/98** **954 680 2269**

CR2E037 (10/97)