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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 729014

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1925025

Applied For
Not Applicable

23 City & State

27 City & State
PLANO TX

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

29 75086-4592 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALSTON, KEVIN S
8744 SW 51 STREET
COOPER CITY FL 33328

81 Name

John Hall, III

82 Street Address (P.O. Box Number is Not Acceptable)

83 3724 Riverland Rd

84 City Ft. Lauderdale

FL

85 Zip Code 33312

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 *[Signature]*

x 5/16/99

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 DELETE
NAME ALSTON, KEVIN
STREET ADDRESS 5107 S.W. 93RD AVE
CITY-ST-ZIP COOPER CITY FL 33328

1.1 TITLE P Change Addition
1.2 NAME SPENCER SMITH, SPENCER
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V DELETE
NAME LOJKO, JOHN BRIAN
STREET ADDRESS 79 BARRINGTON PLACE
CITY-ST-ZIP MARIETTA GA

2.1 TITLE V Change Addition
2.2 NAME HALL, JOHN
2.3 STREET ADDRESS 3724 RIVERLAND RD.
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE T DELETE
NAME ADKINS, JOE
STREET ADDRESS 5035 SW 93 AVE
CITY-ST-ZIP COOPER CITY FL

3.1 TITLE T Change Addition
3.2 NAME SPALLER, DAVID
3.3 STREET ADDRESS PO BOX 864592
3.4 CITY-ST-ZIP PLANO TX 75086-4592

TITLE S DELETE
NAME BANTA, JOHN V
STREET ADDRESS 824 KINWEST PKWY., APT 102
CITY-ST-ZIP IRVING TX

4.1 TITLE Change Addition
4.2 NAME no change
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ISAKSON, WILLIAM
STREET ADDRESS 13901 SW 93 LANE
CITY-ST-ZIP MIAMI FL

5.1 TITLE D Change Addition
5.2 NAME PALMER, William
5.3 STREET ADDRESS 13559 Old El Camino Real
5.4 CITY-ST-ZIP San Diego CA 92130-3163

TITLE D DELETE
NAME FOULK, WILLIAM
STREET ADDRESS 5 WILD GINGER LANE
CITY-ST-ZIP SHELBOURNE VT

6.1 TITLE D Change Addition
6.2 NAME no change
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, with all other like empowered.

SIGNATURE:

[Signature]

5/10/99

972-789-3875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)