

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 730185

(6)

1. Corporation Name

ETA PI HOUSE, INC.



Principal Place of Business

Mailing Address

PO BOX 1171
ORLANDO FL 32802
US

PO BOX 1171
ORLANDO FL 32802
US

3. Date Incorporated or Qualified

07/11/1974

4. FEI Number

59-6549155

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTSEL, VERNON
255 S. ORANGE AVE.
STE 1600
ORLANDO FL 32801

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

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

TITILE ☐ DELETE

NAME FIDELO ALAN B
STREET ADDRESS 7912 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

S ☐ DELETE

NAME HARTMAN, JOE G
STREET ADDRESS 4838 S KIRKMAN RD
CITY-ST-ZIP ORLANDO FL

D ☐ DELETE

NAME CABLE, P
STREET ADDRESS 528 KELLY GREEN DR
CITY-ST-ZIP ORLANDO FL

D ☐ DELETE

NAME DIXON, ROBERT
STREET ADDRESS 1142 PHEASANT CIR
CITY-ST-ZIP WINTER SPRINGS FL

D ☐ DELETE

NAME HASLEY, JIM
STREET ADDRESS 151 SOUTH HALL LN SUITE 130
CITY-ST-ZIP MAITLAND FL

P ☐ DELETE

NAME MELNICK, TIM
STREET ADDRESS 9127 WOODBREEZE RD.
CITY-ST-ZIP WINDERMERE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 ☒ Change ☐ 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:  Joe G. Hartman 7-7-98 (407) 298-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)