


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).

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760520** (7)
1. Corporation Name
PI NU CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

FILED
97 OCT -7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
P.O. BOX 570507 MIAMI FL 33257-0507	P.O. BOX 570507 MIAMI FL 33257-0507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1981		3a. Date of Last Report 02/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2110000		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTHONY, BROWN 13620 MONROE ST. MIAMI FL 33176		81 Name ABUBAKER CANADY	
		82 Street Address (P.O. Box Number is Not Acceptable) 8456 Sheraton Drive	
		83	
		84 City Miramar	
		85 Zip Code FL 33025	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Basileus (PD)
NAME	HAZELTON, JOHN C. JR	1.2 NAME	Curtis H. Lawrence
STREET ADDRESS	6051 NW 201 LANE	1.3 STREET ADDRESS	17451 SW 109 Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33025
TITLE	TD	2.1 TITLE	Vice Basileus (TD)
NAME	JENKINS, MAURICE	2.2 NAME	Chester E. Fair, Jr.
STREET ADDRESS	15100 SW 129TH AVENUE	2.3 STREET ADDRESS	14741 Pierce Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	SD	3.1 TITLE	Keeper of Records & Seal (SD)
NAME	JOHNSON, ROBERT	3.2 NAME	John L. Shaw
STREET ADDRESS	26837 S.W. 132 COURT	3.3 STREET ADDRESS	11615 Lincoln Boulevard
CITY-ST-ZIP	PRINCETON FL 33032	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	TD	4.1 TITLE	Keeper of Finance (TD)
NAME	BROWN, ANTHONY	4.2 NAME	Abubaker Canady
STREET ADDRESS	13620 MONROE STREET	4.3 STREET ADDRESS	8456 Sheraton Drive
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miramar, FL 33025
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or changed, or on an attachment with an address.

SIGNATURE *Abubaker Canady* SIGNATURE REQUIRED

CR2E037 (4/97)