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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763157** (5)

1. Corporation Name

BETA LAMBDA HOUSE CORPORATION OF DELTA DELTA DELTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
320 N. MAGNOLIA AVE SUITE A-9 ORLANDO FL 32801 US

3. Date Incorporated or Qualified 05/06/1982	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2281763	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**EBERLE, SUSAN
320 N. MAGNOLIA AVE
SUITE A-9
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TOPPARI, SUSAN
STREET ADDRESS	7611 PINEMOUNT DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	BRESSLER, ROBIN
STREET ADDRESS	9419 BELMONT TERRACE
CITY - ST - ZIP	OVEIDO FL
TITLE	D
NAME	WHITINGHILL, STEPHANIE
STREET ADDRESS	8541 FAIRWAY HILL COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	GORE-DUNLAP, LORENA
STREET ADDRESS	777 GREEN OAKS COURT
CITY - ST - ZIP	WINTER PARK FL
TITLE	PD
NAME	EBERLE, SUSAN
STREET ADDRESS	5225 HAWFORD CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	PUHALOVICH, DONNA
STREET ADDRESS	878 ROYALWOOD LANE
CITY - ST - ZIP	OVEIDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Eberle, Susan
5.4 CITY - ST - ZIP	3327 Monika Circle Orlando, FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Susan Toppari Susan Toppari 4/24/95 407-352-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)