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

FILED
Oct 09 1997 8:00 am
Secretary of State
TALLAHASSEE, FLORIDA

DOCUMENT # N39098 (1)

1. Corporation Name
OMEGA PSI PHI EDUCATIONAL AND BENEVOLENT FUND, INC.

Principal Place of Business
571 S.W. 27TH AVENUE
FT. LAUDERDALE FL 33312

Mailing Address
P.O. BOX 100018
FT. LAUDERHILL FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 08/26/1996
4. FEI Number: 65-0311641 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent
GAINEY, L.D.
3490 N.W. 29TH STREET
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent
81 Name: Wright, Anthony
82 Street Address (P.O. Box Number is Not Acceptable): 4897 NW 67 Avenue
83
84 City: Lauderhill FL 85 Zip Code: 33319

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 *Anthony Wright* 9/30/97
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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FLOWERS, THOMAS		1.2 NAME	Wright, Anthony	
STREET ADDRESS	4910 N.W. 18TH COURT		1.3 STREET ADDRESS	4897 NW 67 Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	WOODS, LARRY		2.2 NAME	Burrows, Herbert	
STREET ADDRESS	4391 N.W. 19TH STREET, APT. 282		2.3 STREET ADDRESS	3378 NW 18 Court	
CITY-ST-ZIP	LAUDERHILL FL 33313		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	WRIGHT, ANTHONY		3.2 NAME	Johnson, Thomas O	
STREET ADDRESS	4897 N.W. 67		3.3 STREET ADDRESS	~~PO Box 8711~~ 1317 N.W. 55 AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33319		3.4 CITY-ST-ZIP	~~Ft. Lauderdale, FL 33310-8711~~ LAUDERHILL, FL 33313	
TITLE	T	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	MILLER, ERIC		4.2 NAME	MILLER, ERIC	
STREET ADDRESS	3430 N.W. 16TH STREET #12		4.3 STREET ADDRESS	4765 NW 6 Place	
CITY-ST-ZIP	LAUDERHILL FL 33311		4.4 CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	100002320791--2	
STREET ADDRESS			5.3 STREET ADDRESS	-10/15/97--01052--021	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 if changed, or on an attachment with an address.

TEM at _CCFSRI$UPHU: 10:19:16

SIGNATURE [illegible]