


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
 Aug 20 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 # N93000005265 (4)
 1. Corporation Name
 KAPPA ALPHA PSI FOUNDATION, INC.



Principal Place of Business Mailing Address
 2185 NW 19TH ST FT LAUDERDALE FL 33311
 2185 NW 19TH ST FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified
 11/22/1993
 4. FEI Number
 65-0474137 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 707 N.W. 22nd Road 27 5208 N.W. 67 Ave.
 City & State City & State
 23 Ft. Lauderdale, FL 33311 28 Lauderhill, Fla. 33319
 Zip Country Zip Country
 24 33311 25 BROWARD 29 33319 30 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BRAYNON, RONALD J
 5208 NW 67TH AVE
 SUITE 105
 LAUDERHILL FL 33319

10. Name and Address of New Registered Agent
 81 Name RONALD W. BRAYNON, JR.
 82 Street Address (P.O. Box Number Is Not Acceptable)
 5208 N.W. 67 AVE.
 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 Ronald W. Braynon Jr. T Ronald W. Braynon Jr. 7/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BRAYNON, R. JR.	
STREET ADDRESS	5208 NW 67TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALLAS, JAMES	
STREET ADDRESS	3870 NW 6TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWORN, SAMUEL	
STREET ADDRESS	1508 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, GORDON	
STREET ADDRESS	2781 NW 12TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, GORDON	
STREET ADDRESS	2781 NW 26TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUGGS, FRANK	
STREET ADDRESS	4410 NW 12TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jerry Kolo (Dr)	
1.3 STREET ADDRESS	220 S.E. 2nd Ave.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33301	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARTHUR KENNEDY	
2.3 STREET ADDRESS	1631 N.W. 24th Terri.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL.	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THORNTON HUMPHRIES	
3.3 STREET ADDRESS	2071 N.W. 30th Terri.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33311	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HERLMAN PITTMAN	
4.3 STREET ADDRESS	2300 N.W. 30th Way	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33311	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Ronald W. Braynon Jr. 7/23/98 (54) 749-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)