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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005265

1. Corporation Name

KAPPA ALPHA PSI FOUNDATION, INC.

Principal Place of Business

~~707 N.W. 22ND ST~~
 707 N.W. 22ND ROAD
 FT LAUDERDALE FL 33311
 US

Mailing Address

~~2185 N.W. 10TH ST~~
 5208 N.W. 67TH AVE.
 LAUDERHILL FL 33319
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/22/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0474137	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BRAYNON, RONALD J
 5208 NW 67TH AVE
~~STATE 100~~
 LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

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

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	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAYNON, R. JR.	1.2 NAME	THORNTON HUMANITIES
STREET ADDRESS	5208 NW 67TH AVE	1.3 STREET ADDRESS	2071 N.W. 30TH TERR
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALLAS, JAMES	2.2 NAME	ARTHUR KENNEDY
STREET ADDRESS	3870 NW 6TH CT	2.3 STREET ADDRESS	1631 N.W. 24TH TERR.
CITY-ST-ZIP	FT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SWORN, SAMUEL	3.2 NAME	
STREET ADDRESS	1508 NW 3RD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KOLO, JERRY	4.2 NAME	
STREET ADDRESS	220 S.E. 2ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	MERRITT, GORDON	5.2 NAME	
STREET ADDRESS	2781 NW 26TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SCRUGGS, FRANK	6.2 NAME	
STREET ADDRESS	4410 NW 12TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	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, with all other like empowered.

SIGNATURE:

Ronald W. Braynon Jr.
RONALD W. BRAYNON JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 24, 1999 (954) 749-9835

CR2E037 (11/98)