


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004796 (7)**
1. Corporation Name

DELTA RHO ENDOWMENT FUND, INC.



Principal Place of Business 10717 SW 104TH ST. MIAMI FL 33176	Mailing Address 10717 SW 104TH ST. MIAMI FL 33176
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/05/1995	4. FEI Number 65-0617974	Applied For <input type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 LUDOVICI, EDWARD P ESQ. 17415 S. DIXIE HWY. MIAMI FL 33157-5434	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D NACCARATO, NAT D
STREET ADDRESS	10717 SW 104TH ST.
CITY - ST - ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE
NAME	D BIERLEY, JOHN C
STREET ADDRESS	111 E. MADISON ST., STE. 2200
CITY - ST - ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> DELETE
NAME	D BROWN, M. REED B
STREET ADDRESS	7915 SW 42 TER.
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	<input type="checkbox"/> DELETE
NAME	D CHRISTOFF, STEVEN M
STREET ADDRESS	3621 SW 7 AVE.
CITY - ST - ZIP	OCALA FL 32674
TITLE	<input type="checkbox"/> DELETE
NAME	D GRAPER, CHARLES E
STREET ADDRESS	832 NW 57 ST.
CITY - ST - ZIP	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> DELETE
NAME	D JACKSON, C. MICHAEL
STREET ADDRESS	1281 CALOOSA DR.
CITY - ST - ZIP	FT. MYERS FL 33901

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 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: *[Signature]* **42496** **598-2276**

CR2E037 (10/97)