


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90040 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005289					
1. Corporation Name ZETA ZETA HOUSE CORPORATION OF THE SIGMA NU FRATERNITY, INC.					
Principal Place of Business 1819 EASTON FOREST DRIVE TALLAHASSEE FL 32311 US			Mailing Address 1819 EASTON FOREST DR TALLAHASSEE FL 32311		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/15/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3417748	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SUTTON, WILLIAM F JR 1819 EASTON FOREST DR TALLAHASSEE FL 32311				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNDERSON, BRIAN			1.2 NAME	MATT GOOLSBY		
STREET ADDRESS	19503 WYNDMILL CIRCLE			1.3 STREET ADDRESS	2106 WESLEY PLANTATION DRIVE		
CITY-ST-ZIP	ODESSA FL 33556			1.4 CITY-ST-ZIP	DULUTH, GEORGIA 30096	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOOLSBY, MATT			2.2 NAME	JASON JAGDMANN		
STREET ADDRESS	4587 KINGSGATE DRIVE			2.3 STREET ADDRESS	5725 GATLIN AVENUE, APT. 321		
CITY-ST-ZIP	ATLANTA GA 30338			2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32822		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANSBURY, JAMES D			3.2 NAME			
STREET ADDRESS	2808 CAVAN DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32808			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES D STANSBURY

01/09/99

Date

(850) 922-1818

Daytime Phone #

CR2E037 (11/98)