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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005946 (6)**

1. Corporation Name

SIGMA TAU GAMMA DELTA SIGMA CHAPTER INC.

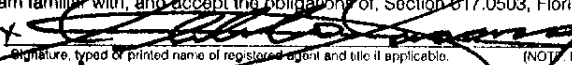


Principal Place of Business 4202 E. FOWLER AVENUE CTR 2368 TAMPA FL 33620	Mailing Address 4202 E. FOWLER AVENUE CTR 2368 TAMPA FL 33620
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAIN, WILLIAM C 2225 EAST 131ST AVENUE #7001 TAMPA FL 33612				81 Name Alberto Socarras			
				82 Street Address (P.O. Box Number Is Not Acceptable) 5014 Patricia Ct. #170			
				83			
				84 City Tampa FL 85 Zip Code 33617			

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  **3-1-97**
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAIN, WILLIAM C			1.2 NAME	Alberto Socarras		
STREET ADDRESS	2225 E. 131ST AVENUE #7001			1.3 STREET ADDRESS	5014 Patricia Ct. #170		
CITY-ST-ZIP	TAMPA FL 33612			1.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE	EVD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	EVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZANCARA, PAUL JR			2.2 NAME	Robert J. Gil		
STREET ADDRESS	2310 B 138TH AVENUE			2.3 STREET ADDRESS	#906 Eagle Lane		
CITY-ST-ZIP	TAMPA FL 33613			2.4 CITY-ST-ZIP	Apollo Beach, FL 33572		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, SCOTT L			3.2 NAME	Gregory R. Lewis		
STREET ADDRESS	3429 PARK SQUARE #1			3.3 STREET ADDRESS	4202 E. Fowler Ave. #1669		
CITY-ST-ZIP	TAMPA FL 33613			3.4 CITY-ST-ZIP	Tampa, FL 33620		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FETTERLY, FREDERICK A			4.2 NAME	Vtalo C. Mera		
STREET ADDRESS	1280 E. 113TH AVENUE #G-106			4.3 STREET ADDRESS	5014 Patricia Ct. #170		
CITY-ST-ZIP	TAMPA FL 33612			4.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTAGENA, SERGIO JR			5.2 NAME	Christopher J. Piacenti		
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD. #34-89			5.3 STREET ADDRESS	1414 E. Park Circle		
CITY-ST-ZIP	TAMPA FL 33613			5.4 CITY-ST-ZIP	Tampa, FL 33604		
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 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.

CR2E037 (9/96)