


FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90079 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005934

1. Corporation Name

GAMMA ETA MANSION CORPORATION

Principal Place of Business

2831 YARMOUTH CT.
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 38448
TALLAHASSEE FL 32315

3 7 2 2 9 5 8 5
 372295-90033-20



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-356 98-43	Applied For 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		

9. Name and Address of Current Registered Agent

RUFF, P. MICHAEL
2246 MONAGHAN DR.
TALLAHASSEE FL 32308

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

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

P. Michael Ruff
 Signature, typed or printed name of registered agent and title if applicable.

DATE
 Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YEARTY, JOHN A	
STREET ADDRESS	P.O. BOX 38448	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURRAY, EDWARD	
STREET ADDRESS	1018 THOMASVILLE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUFF, P. MICHAEL	
STREET ADDRESS	2246 MONAGHAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, MERRIT R JR	
STREET ADDRESS	625 N. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CLAYTON	
STREET ADDRESS	2831 YARMOUTH CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERVIN, WILLIAM	
STREET ADDRESS	2831 YARMOUTH CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13.

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, with all other like empowered.

SIGNATURE:

JOSEPH A. JAE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

850-575-1023

Daytime Phone #

CR2E037 (1/198)