SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10855 (5)

1. Corporation Name
PHI SIGMA SIGMA, INC.

Principal Place of Business	Mailing Address
23123 STATE ROAD 7 SUITE 250 BOCA RATON FL 33428	23123 STATE ROAD 7 SUITE 250 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1986
3a. Date of Last Report: 02/02/1994
4. FEI Number: 53-0220898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MACEY, DIANNE
23123 STATE ROAD 7
SUITE 250
BOCA RATON FL 33428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☒ Change ☐ Addition
NAME	KIER, LOUISE	12 NAME	KIER ZIRRETTA, LOUISE
STREET ADDRESS	3428 JANELLEN DR.	13 STREET ADDRESS	3428 JANELLEN DR.
CITY-ST-ZIP	BALTIMORE MD	14 CITY-ST-ZIP	BALTIMORE MD 21208
TITLE	S	21 TITLE	D ☒ Change ☐ Addition
NAME	MACEY, DIANNE	22 NAME	MACEY, DIANNE
STREET ADDRESS	23123 STATE RD.7 #250	23 STREET ADDRESS	23123 STATE RD. 7, #250
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	V	31 TITLE	D ☒ Change ☐ Addition
NAME	BEAVIN, LINDA	32 NAME	SENSENEY, CHRIS
STREET ADDRESS	7103 MELSTONE VALLEY WAY	33 STREET ADDRESS	262 SCOTT COURT
CITY-ST-ZIP	MARRIOTTSVILLE MD	34 CITY-ST-ZIP	SPOTSWOOD NJ 08884
TITLE	T	41 TITLE	D ☒ Change ☐ Addition
NAME	JOSETTE, GEORGE	42 NAME	GEORGE, JOSETTE
STREET ADDRESS	P.O. BOX 9431	43 STREET ADDRESS	47 Windbrook Circle
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP	Gaithersburg MD 20879
TITLE	700001550537	51 TITLE	☐ Change ☐ Addition
NAME	-08/01/95--01058--025	52 NAME	
STREET ADDRESS	*****70.00 *****70.00	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	CH
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dianne Macey - DIANNE MACEY 7/11/95 407-451-4415
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011205