

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715518 (7)**
1. Corporation Name
BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC.



Principal Place of Business Mailing Address
5300 WASHINGTON ST. HOLLYWOOD FL 33021 **5300 WASHINGTON ST. HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified **11/05/1968** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-1629263** 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**
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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COHEN, MRS. GERT
5300 WASHINGTON ST
S213
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name **KAMEROW, JOSEPH H.**
82 Street Address (P.O. Box Number is Not Acceptable) **5300 WASHINGTON ST. F-311**
83
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

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 **JOSEPH H. KAMEROW** *Joseph H. Kamerow* **PRES. JAN 17, 1996**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME COHEN, MRS. GERT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5300 WASHINGTON ST., F-211	CITY- ST- ZIP HOLLYWOOD, FL 00000	1.2 NAME
TITLE VD <input type="checkbox"/> DELETE	NAME KAMEROW, JOSEPH	1.3 STREET ADDRESS
STREET ADDRESS 5300 WASHINGTON ST F311	CITY- ST- ZIP HOLLYWOOD FL	1.4 CITY- ST- ZIP
TITLE V <input checked="" type="checkbox"/> DELETE	NAME GORDON, ROSE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5300 WASHINGTON ST F320	CITY- ST- ZIP HOLLYWOOD, FL 00000	2.2 NAME
TITLE TDS <input type="checkbox"/> DELETE	NAME KANE, THOMAS R.	2.3 STREET ADDRESS
STREET ADDRESS 5300 WASHINGTON ST., F-216	CITY- ST- ZIP HOLLYWOOD, FL 00000	2.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	3.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY- ST- ZIP	3.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY- ST- ZIP	4.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME SD HUESING, RUTH
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS 5300 WASHINGTON ST. E-204
STREET ADDRESS	CITY- ST- ZIP	5.4 CITY- ST- ZIP HOLLYWOOD, FL. 33021
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME VD BARBINI, EDWARD
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS 5300 WASHINGTON ST. F-220
STREET ADDRESS	CITY- ST- ZIP	6.4 CITY- ST- ZIP HOLLYWOOD, FL. 33021

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)(k), 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: *Thomas R. Kane* **1-19-96** **305-987-2321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)