

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

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1629263 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MRS. GERT
5300 WASHINGTON ST
S213
HOLLYWOOD FL 33021

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
(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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MRS. GERT	12 NAME	
STREET ADDRESS	5300 WASHINGTON ST., F-211	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMEROW, JOSEPH	22 NAME	P D
STREET ADDRESS	5300 WASHINGTON ST F311	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, ROSE	32 NAME	
STREET ADDRESS	5300 WASHINGTON ST F320	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	34 CITY-ST-ZIP	
TITLE	TDS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, THOMAS R.	42 NAME	
STREET ADDRESS	5300 WASHINGTON ST., F-216	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	SD HUESING, RUTH
STREET ADDRESS		53 STREET ADDRESS	5300 WASHINGTON ST. E-204
CITY-ST-ZIP		54 CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	VD BARBINI, EDWARD
STREET ADDRESS		63 STREET ADDRESS	5300 WASHINGTON ST. F-220
CITY-ST-ZIP		64 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 305-987-2321
Date Daytime Phone #

CR2E037 (12/95)