

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 731532 (8)
 1. Corporation Name
IMPERIAL EMBASSY CONDOMINIUM ONE, INC.



| | |
|---|---|
| Principal Place of Business 4747 AZALEA DRIVE P.O. BOX 133 NEW PORT RICHEY FL 34652-2023 | Mailing Address 4747 AZALEA DRIVE P.O. BOX 133 NEW PORT RICHEY FL 34652-2023 |
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|---|--|
| 3. Date Incorporated or Qualified 12/31/1974 | |
| 4. FEI Number 59-1724611 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

JOHNSON, ELIZABETH
4747 AZALEA DRIVE
#123
NEW PORT RICHEY FL 34652-2023

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | P D | <input type="checkbox"/> DELETE |
| NAME | NEGGIE, HELEN | |
| STREET ADDRESS | 4747 AZALEA DR 220 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GIBSON, ERMA | |
| STREET ADDRESS | 4747 AZALEA DR 120 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, ELIZABETH | |
| STREET ADDRESS | 4747 AZALEA DRIVE 123 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652-2023 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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.

SIGNATURE: *Elizabeth Johnson* 2-9-98 848-7302

CR2E037 (10/97)