

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723256 (4)
 1. Corporation Name

NARANJA LAKES CONDOMINIUM NO. FOUR, INC.

FILED
 96 AUG -2 AM 9:07
 SECRETARY OF STATE
 FLORIDA

Principal Place of Business: 1500 W. CYPRESS CREEK ROAD SUITE 207 FT. LAUDERDALE FL 33309
 Mailing Address: 1500 W. CYPRESS CREEK ROAD SUITE 207 FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 04/24/1972
 3a. Date of Last Report: 06/06/1995

2. Principal Place of Business: 21 1175 NE 125th St.
 2a. Mailing Address: 26 1175 NE 125th St.

4. FEI Number: 59-2478555
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22 Suite 102
 City & State: 27 Suite 102

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 North Miami, Florida
 City & State: 28 North Miami, Florida

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33161
 Country: 25 USA
 Zip: 29 33161
 Country: 30 USA

8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

KAYE & ROGER P.A.
 1500 W. CYPRESS CREEK ROAD
 SUITE 207
 FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Stanley G. Tate, Receiver
 82 Street Address (P.O. Box Number is Not Acceptable): 1175 NE 125th St., SUITE 102
 83: 800001912368 -08/05/96--01028--016
 84 City: North Miami, FL 33161

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: Stanley G. Tate, Receiver
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	DELETE
NAME	RIEGLER, JOSEPH	
STREET ADDRESS	1300 SW 125TH AVE. K-109	
CITY-ST-ZIP	PEMBROKE FL	
TITLE	D	DELETE
NAME	ARCHER, STUART	
STREET ADDRESS	7340 SW 132ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	DELETE
NAME	HOLLAND, ABNER	
STREET ADDRESS	27750 SW 140TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	FULD, ADOLF	
STREET ADDRESS	1001 SW 128 TERR #B-113	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	Change	Addition
1.2 NAME	Riegler, Joseph		
1.3 STREET ADDRESS	1300 SW 125th Ave. K109		
1.4 CITY-ST-ZIP	Pembroke, FL 33027		
2.1 TITLE	D	Change	Addition
2.2 NAME	Archer, Stuart		
2.3 STREET ADDRESS	7340 SW 132nd St.		
2.4 CITY-ST-ZIP	Miami, FL 33156		
3.1 TITLE	P/D	Change	Addition
3.2 NAME	Holland, Abner		
3.3 STREET ADDRESS	7420 N. Devon Drive		
3.4 CITY-ST-ZIP	Tamarac, FL 33122		
4.1 TITLE	S/D	Change	Addition
4.2 NAME	Fuld, Adolf		
4.3 STREET ADDRESS	1001 SW 128 Terrace, #B113		
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33027		
5.1 TITLE	Receiver/D	Change	Addition
5.2 NAME	Stanley G. Tate		
5.3 STREET ADDRESS	1175 N. E. 125 St., Suite 102		
5.4 CITY-ST-ZIP	North Miami, FL 33161		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/28/96 Daytime Phone #

CR2E037 (3/96)