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FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 725651 (4)
1. Corporation Name
FRENCH QUARTER CONDOMINIUM PHASE IV, INC.



Principal Place of Business Mailing Address
408 N. W. 70TH AVE. 408 N. W. 70TH AVE.
PLANTATION FL 33317-7550 PLANTATION FL 33317-7550

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1973		3a. Date of Last Report 04/29/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1463574		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRAWFORD, BOBBIE 304 NW 69TH AVE #180 PLANTATION FL 33317				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable) 304 N.W. 69TH AVE, #155			
				83. City			
				84. State 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARK FAGAN			1.2 NAME			
STREET ADDRESS	304 NWTH 69TH AVENUE, #156			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAWFORD, BOBBIE			2.2 NAME	CRAWFORD, BOBBIE		
STREET ADDRESS	304 NE 69TH AVE #155			2.3 STREET ADDRESS	304 N.W. 69TH AVE, #155		
CITY-ST-ZIP	PLANTATION, FL 00000			2.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANA SUTTER			3.2 NAME	DANA SUTTER		
STREET ADDRESS	284 NW 69TH AVENUE, #180			3.3 STREET ADDRESS	284 N.W. 69TH AVE, #180		
CITY-ST-ZIP	PLANTATION FL			3.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERCEDES BAUER			4.2 NAME	MONA JEFFRIES		
STREET ADDRESS	302 NW 69TH AVENUE, #157			4.3 STREET ADDRESS	302 N.W. 69TH AVE, #257		
CITY-ST-ZIP	PLANTATION FL			4.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONA JEFFRIEY			5.2 NAME	PATRICIA ROBERSON		
STREET ADDRESS	302 N.W. 69TH AVE. #258			5.3 STREET ADDRESS	300 N.W. 69TH AVE, #160		
CITY-ST-ZIP	PLANTATION FL			5.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 _____

CR2E037 (9/96)