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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725651					
1. Corporation Name FRENCH QUARTER CONDOMINIUM PHASE IV, INC.					
Principal Place of Business 408 N. W. 70TH AVE. PLANTATION FL 33317-7550			Mailing Address 408 N. W. 70TH AVE. PLANTATION FL 33317-7550		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State. 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/23/1973 4. FEI Number 59-1463574 Applied For 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	
9. Name and Address of Current Registered Agent JEFFRIES, MONA 302 NW 69TH AVE 257 PLANTATION FL 33317			10. Name and Address of New Registered Agent 81 Name BOBBIE CRAWFORD 82 Street Address (P.O. Box Number is Not Acceptable) 304 N.W. 69TH AVE, #155 83 84 City PLANTATION FL 85 Zip Code 33317		
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 <u>Bobbie E. Crawford</u> BOBBIE CRAWFORD, PRESIDENT 4/27/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME ANTOINE, MADELIN STREET ADDRESS 282 NW 69TH AVE 177 CITY-ST-ZIP PLANTATION, FL 00000 33317			1.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME EDUARDO ALMEIDA 1.3 STREET ADDRESS 288 N.W. 69TH AVE, #271 1.4 CITY-ST-ZIP PLANTATION, FL 33317		
TITLE D <input checked="" type="checkbox"/> DELETE NAME FELDMAN, DAVID STREET ADDRESS 300 NW 69TH AVE 159 CITY-ST-ZIP PLANTATION, FL 00000 33317			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MERCEDES BAUER 2.3 STREET ADDRESS 302 N.W. 69TH AVE, #157 2.4 CITY-ST-ZIP PLANTATION, FL 33317		
TITLE VD <input type="checkbox"/> DELETE NAME DANA SUTTER STREET ADDRESS 284 NW 69TH AVENUE, #180 CITY-ST-ZIP PLANTATION FL 33317			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME JEFFRIES, MONA STREET ADDRESS 302 N.W. 69TH AVE., #257 CITY-ST-ZIP PLANTATION FL 33317			4.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME BOBBIE CRAWFORD 4.3 STREET ADDRESS 304 N.W. 69TH AVE, #155 4.4 CITY-ST-ZIP PLANTATION, FL 33317		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME POWELL, CHERYL STREET ADDRESS 300 NW 69TH AVE 259 CITY-ST-ZIP PLANTATION FL 33317			5.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME MARY TESLOW 5.3 STREET ADDRESS 300 N.W. 69TH AVE, #160 5.4 CITY-ST-ZIP PLANTATION, FL 33317		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Bobbie E. Crawford BOBBIE E. CRAWFORD 4/27/99 (954-581-6044)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT PLANTATION, FL
Date Daytime Phone #

CR2E037 (11/98)