

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:14

DOCUMENT # 731533 (6)
1. Corporation Name
IMPERIAL EMBASSY CONDOMINIUM THREE, INC.

Principal Place of Business Mailing Address
4742 AZALEA DRIVE BOX 100A NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1974** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-1590694** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ADLER, SIGRID M
4746 AZALEA DR 114C
NEW PORT RICHEY FL 34652**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when re-registering DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	ADLER, SIGRID
STREET ADDRESS	4746 AZALEA DR 114C
CITY - ST - ZIP	N PORT RICHEY, FL 00000
TITLE	VD
NAME	DEASON, LAWRENCE
STREET ADDRESS	4746 AZALEA DR 104 C
CITY - ST - ZIP	N PORT RICHEY, FL 00000
TITLE	PD
NAME	HILLSGROVE, CHESTER
STREET ADDRESS	4744 AZALEA DR #202B
CITY - ST - ZIP	N PORT RICHEY, FL 00000
TITLE	S
NAME	QUINTES, SUSAN
STREET ADDRESS	4744 AZALEA DR 107 B
CITY - ST - ZIP	N PORT RICHEY, FL 00000
TITLE	D
NAME	D'AGOSTINO, CARMEN
STREET ADDRESS	4744 AZALEA DR., SUITE 106B
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	MARTH, PAUL
STREET ADDRESS	4742 AZALEA DR., SUITE 211-A
CITY - ST - ZIP	NEW PORT RICHEY FL

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	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Marth
2.3 STREET ADDRESS	4742 Azalea Drive Apt. 211 A
2.4 CITY - ST - ZIP	New Port Richey Florida 34652
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karl Numsen
5.3 STREET ADDRESS	4744 Azalea Drive Apt. 207 B
5.4 CITY - ST - ZIP	New Port Richey Florida 34652
6.1 TITLE	Director Rudy Pollicino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4748 Azalea Drive Apt. 206 D
6.4 CITY - ST - ZIP	New Port Richey Florida 34652

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 110.07(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: *Susan Quintes* **Susan Quintes Secretary** 2/7/95 813-846-9776