

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734990 (5)
1. Corporation Name
IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.



Principal Place of Business 4627 BRITT DRIVE NEW PORT RICHEY FL 34652	Mailing Address 4627 BRITT DRIVE NEW PORT RICHEY FL 34652-5028
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3. Date Incorporated or Qualified 02/19/1976	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1664738	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MURRAY, PATRICK I PRESIDENT
4644 CAMBRIDGE ST.
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 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: *Patrick I. Murray* DATE: **3-1-97**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XXX	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORJESON, HILDA R	1.2 NAME	MURRAY, PATRICK I.
STREET ADDRESS	5351 BUTTONWOOD	1.3 STREET ADDRESS	4644 CAMBRIDGE ST.
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	NEW PORT RICHEY, FL, 34652
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, GENEVA	2.2 NAME	
STREET ADDRESS	4649 BRITT DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, PATRICIA	3.2 NAME	
STREET ADDRESS	5353 BUTTONWOOD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CATHERINE	4.2 NAME	
STREET ADDRESS	4704 CAMBRIDGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARINO, BUDDY	5.2 NAME	
STREET ADDRESS	5406 BUTTONWOOD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLARDELLO, ANGELO	6.2 NAME	
STREET ADDRESS	5350 BUTTONWOOD	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	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: *Patrick I. Murray* DATE: **3-1-97** (813) 848-6972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0067929

CR2E037 (9/96)