

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 02/19/1976		
4. FEI Number 59-1664738	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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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9. Name and Address of Current Registered Agent
**MURRAY, PATRICK I
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BORJESON, HILDA R		1.2 NAME	
STREET ADDRESS 5351 BUTTONWOOD		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE <i>Change address</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, GENEVA		2.2 NAME	
STREET ADDRESS 4649 BRITT DRIVE		2.3 STREET ADDRESS 4713 CAMBRIDGE AVE	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP N.P.R. FL 34652	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARBARINO, BUDDY		5.2 NAME DOROTHY WOLFE	
STREET ADDRESS 5406 BUTTONWOOD		5.3 STREET ADDRESS 5353 EMBASSY BLVD.	
CITY-ST-ZIP NEW PORT RICHEY FL		5.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia Tucker* **3/15/98 813-848-6922**

CR2E037 (10/97)