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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734990
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1976
Suite, Apt. #, etc. 22 NEW PORT RICHEY, FL.	Suite, Apt. #, etc. 27 NEW PORT RICHEY, FL	4. FEI Number 59-1664738
City & State 23 34652 PASCO	City & State 28 34652 PASCO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
MURRAY, PATRICK I 4644 CAMBRIDGE ST. NEW PORT RICHEY FL 34652		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, PRESIDENT DATE MARCH 9, 1999

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORJESON, HILDA R X	1.2 NAME	MURRAY, PATRICK I
STREET ADDRESS	3353 BUTTWOOD	1.3 STREET ADDRESS	4644 CAMBRIDGE AVE
CITY-ST-ZIP	NEW PORT RICHEY FL X	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, GENEVA	2.2 NAME	DONALD KING
STREET ADDRESS	4713 CAMBRIDGE AVE	2.3 STREET ADDRESS	5344 FOSTER BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, PATRICIA	3.2 NAME	BETH PARIS
STREET ADDRESS	5353 BUTTWOOD	3.3 STREET ADDRESS	5342 FOSTER BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CATHERINE X X X	4.2 NAME	HILDA BORJESON
STREET ADDRESS	1707 CAMBRIDGE	4.3 STREET ADDRESS	5351 BUTTWOOD
CITY-ST-ZIP	NEW PORT RICHEY FL X	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, DOROTHY	5.2 NAME	HENRY SWINGERT
STREET ADDRESS	5353 EMBASSY BLVD	5.3 STREET ADDRESS	5319 EMBASSY BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	BUTTARDEN, ANGELO	6.2 NAME	
STREET ADDRESS	5353 BUTTWOOD	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)(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: *Patrick I Murray* DATE: 3/9/99 DAYTIME PHONE #: 727-899-6932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)