

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002917 (2)

1. Corporation Name

CANPARTNERS REALTY INC.



Principal Place of Business

9665 WILSHIRE BLVD.
SUITE 200
BEVERLY HILLS CA 90212

Mailing Address

9665 WILSHIRE BLVD.
SUITE 200
BEVERLY HILLS CA 90212

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Name and Address of Current Registered Agent

WARD, DOUGLAS
1301 GULF LIFE DR.
SUITE 1500
JACKSONVILLE FL 32207

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 607.0508, Florida Statutes.

SIGNATURE

Corporate Secretary or other person authorized to sign on behalf of corporation

Registered Agent or other person authorized to sign on behalf of agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD EVENSEN, R. CHRISTIAN B	☐ DELETE
12.2 STREET ADDRESS	9665 WILSHIRE BLVD.	
12.3 CITY-STATE-ZIP	BEVERLY HILLS CA 90212	
12.4 NAME	SD FRIEDMAN, JOSHUA S	☐ DELETE
12.5 STREET ADDRESS	9665 WILSHIRE BLVD.	
12.6 CITY-STATE-ZIP	BEVERLY HILLS CA 90212	
12.7 NAME	TD JULIS, MITCHELL R	☐ DELETE
12.8 STREET ADDRESS	9665 WILSHIRE BLVD.	
12.9 CITY-STATE-ZIP	BEVERLY HILLS CA 90212	
12.10 NAME	D TURNER, ROBERT K	☐ DELETE
12.11 STREET ADDRESS	9665 WILSHIRE BLVD.	
12.12 CITY-STATE-ZIP	BEVERLY HILLS CA 90212	
12.13 NAME		☐ DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 NAME		☐ DELETE
12.17 STREET ADDRESS		
12.18 CITY-STATE-ZIP		

13.1 NAME		☐ Change ☐ Addition
13.2 STREET ADDRESS		
13.3 CITY-STATE-ZIP		
13.4 NAME		☐ Change ☐ Addition
13.5 STREET ADDRESS		
13.6 CITY-STATE-ZIP		
13.7 NAME		☐ Change ☐ Addition
13.8 STREET ADDRESS		
13.9 CITY-STATE-ZIP		
13.10 NAME		☐ Change ☐ Addition
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 NAME		☐ Change ☐ Addition
13.14 STREET ADDRESS		
13.15 CITY-STATE-ZIP		

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/96

310/247-2700

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