

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000004058 (3)

1. Corporation Name

CAPREIT FINANCE CORPORATION TWO

Principal Place of Business

Mailing Address

11200 ROCKVILLE PIKE  
SUITE 400  
ROCKVILLE MD 20852

11200 ROCKVILLE PIKE  
SUITE 400  
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

52-1846202

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KADISH, RICHARD L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

TITLE V  
NAME ESPOSITO, BRUCE  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE VS  
NAME GOLDSHINE, JEFFREY  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE V  
NAME SMOCK, STEPHANIE  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

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 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] / Stephanie Smock 1/21/98 (3) 221 87111

CR2E034 (10/97)