

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003238 (0)

1. Corporation Name
AIMCO/OTC QRS, INC.

Principal Place of Business 1873 SOUTH BELLAIRE STREET 17TH FLOOR DENVER CO 80222	Mailing Address 1873 SOUTH BELLAIRE STREET 17TH FLOOR DENVER CO 80222-4358
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 84-1353133	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81 Name	Property Asset Management Services, Inc.				
82 Street Address (P.O. Box Number is Not Acceptable)	40 Archael Street				
83 City	4919 Memorial Hwy, Ste 100				
84 State	FL				
85 Zip	33604				

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Patricia Heath 3-14-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOMPANIEZ, PETER			1.2 NAME			
STREET ADDRESS	28200 HIGHWAY 189, STE F-240			1.3 STREET ADDRESS			
CITY-STATE-ZIP	LAKE ARROWHEAD CA			1.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONSIDINE, TERRY			2.2 NAME			
STREET ADDRESS	1873 SOUTH BELLAIRE STREET, STE 1700			2.3 STREET ADDRESS			
CITY-STATE-ZIP	DENVER CO			2.4 CITY-STATE-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOREIN, LEEANN			3.2 NAME			
STREET ADDRESS	1873 SOUTH BELLAIRE STREET, STE 1700			3.3 STREET ADDRESS			
CITY-STATE-ZIP	DENVER CO			3.4 CITY-STATE-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOOMEY, THOMAS W			4.2 NAME			
STREET ADDRESS	1873 SOUTH BELLAIRE STREET, STE 1700			4.3 STREET ADDRESS			
CITY-STATE-ZIP	DENVER CO			4.4 CITY-STATE-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEATH, PATRICIA K			5.2 NAME			
STREET ADDRESS	1873 SOUTH BELLAIRE STREET, STE 1700			5.3 STREET ADDRESS			
CITY-STATE-ZIP	DENVER CO			5.4 CITY-STATE-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALCOCK, HARRY			6.2 NAME			
STREET ADDRESS	1873 SOUTH BELLAIRE STREET, STE 1700			6.3 STREET ADDRESS			
CITY-STATE-ZIP	DENVER CO			6.4 CITY-STATE-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 dated 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: Patricia Heath 3-14-97 (303) 759-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)