

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

FILED
Jan 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
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DOCUMENT # F97000000178 (0)
 1. Corporation Name
CTC (MD) QRS 12-19, INC.



Principal Place of Business %WP CAREY & CO., INC. 50 ROCKEFELLER PLAZA, 2ND FLR NY NY 10020	Mailing Address %WP CAREY & CO., INC. 50 ROCKEFELLER PLAZA, 2ND FLR NY NY 10020
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
01/10/1997

4. FEI Number
APPLIED FOR

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCV <input type="checkbox"/> DELETE
NAME	JONES, BARCLAY G III
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020
TITLE	P <input type="checkbox"/> DELETE
NAME	CAREY, FRANCIS
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020
TITLE	VCFO <input type="checkbox"/> DELETE
NAME	FERNANDEZ, CLAUDE
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	ALTMANN, HOWARD J
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020
TITLE	V <input type="checkbox"/> DELETE
NAME	CAREY, H AUGUSTUS
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020
TITLE	VD <input type="checkbox"/> DELETE
NAME	MOHL, ANTHONY S
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP	NY NY 10020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 _____

CR2E034 (10/97)