SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** F98000006160

Country

NATIONAL CORPORATE RESEARCH, LTD.

1406 HAYS ST., STE. 2 TALLASSEE FL 32301

9. Name and Address of Current Registered Agent

CASDEN PROPERTIES QRS II INC.

Principal Place of Business 9090 WILSHIRE BLVD., 3RD FL. BEVERLY HILLS CA 90211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23 Zip

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

9090 WILSHIRE BLVD., 3RD FL. BEVERLY HILLS CA 90211

## Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90012 006 \*\*\*550.00

ł	DO NOT WRITE IN THIS SPACE					
	Date Incorporated or Qualified     11/06/1998					
	4. FEI Number	Applied For				
i	95-4718910	Not Applicable				
	E Cartificate of Status Desired \$8	.75 Additional ee Required				
		5.00 May Be added to Fees				
	8. This corporation owes the current year Intangible Personal Property.	No ·				
	10. Name and Address of New Registered Agent					
Name						
Street Addres	s (P.O. Box Number is Not Acceptable)					

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

Country

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City

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office or a	registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of, s	Such change was a ection 607.0505, Flo	authorized by the corporida Statutes.	oration's board of directors. I hereby a	cept the appointment as re	gistered
SIGNATURE .	A SHE V	-lisable /biO	TE: Desirtered Agent signatu	re required when reinstation)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (Not 12. OFFICERS AND DIRECTORS			DTE: Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CDV	DELETE	1.1 TITLE	1	Change	Addition
NAME	CASDEN, ALAN I	DECETE	1.2 NAME		• •	
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.		1.3 STREET ADDRESS	1		
CITY-ST-ZIP	BEVERLY HILLS CA 90211	,	1.4 CITY-ST-ZIP	}		
TITLE	PS	DELETE	2.1 TITLE		Change	Addition
NAME	CASDEN, HENRY C	Z	2.2 NAME	<b>j</b>		
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.	••	2.3 STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS CA 90211		2.4 CITY-ST-ZIP	Į.		
TITLE	T	DELETE	3.1 TITLE	VICE PRESIDENT *A	SST. SEC Change	Addition
NAME	RING, SCOTT		3.2 NAME	Robert Hildebran 9090 Wilshire I Beverly Hills,	d o l	• •
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.		3.3 STREET ADDRESS	9090 Wilshire	sludi. 3 Hi-	
CITY-ST-ZIP	BEVERLY HILLS CA 90211		3.4 CITY-ST-ZIP	Beverly Hills,	CA 90211	
TITLE		DELETE	4.1 TITLE	3	Change	Addition
NAME		<del></del>	4.2 NAME	}		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS (	 		5.3 STREET ADDRESS	}		
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Zip Code