


6-18-97 R-1865 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001964 (3)**

1. Corporation Name

**THE PARTNERSHIP REALTY & CAPITAL COMPANY, INC.**



Principal Place of Business	Mailing Address
<b>319 CLEMATIS STREET SUITE 409 WEST PALM BEACH FL 33401</b>	<b>319 CLEMATIS STREET SUITE 409 WEST PALM BEACH FL 33401-4618</b>

3. Date Incorporated or Qualified <b>04/08/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	Country	28 Zip	Country
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24	25	29	30
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4. FEI Number <b>65-0651624</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORBETT, JOHN  
C/O HOUSING PARTNERSHIP, INC.  
319 CLEMATIS STREET SUITE 409  
WEST PALM BEACH FL 33401**

81 Name	<b>Wayne Babb</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>17337 SE Indian Hills Drive</b>
83	
84 City	<b>Tequesta</b>
85 Zip Code	<b>FL 33469</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>Pres. / Treas. / Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Wayne Babb</b>	
STREET ADDRESS	<b>17337 SE Indian Hills Dr.</b>	
CITY-ST-ZIP	<b>Tequesta FL 33469</b>	

TITLE	<b>V.P. / Sec. / Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Alphonse Milligan</b>	
STREET ADDRESS	<b>11535 Sandeeling Dr</b>	
CITY-ST-ZIP	<b>Wellington FL 33413</b>	

TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert Obrien, Jr.</b>	
STREET ADDRESS	<b>Bay Club Drive</b>	
CITY-ST-ZIP	<b>Bay Head N.J. 08742</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.2 NAME	
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1.3 STREET ADDRESS	
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1.4 CITY-ST-ZIP	
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME	
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2.3 STREET ADDRESS	
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2.4 CITY-ST-ZIP	
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	
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3.3 STREET ADDRESS	
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3.4 CITY-ST-ZIP	
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	
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4.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	
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5.3 STREET ADDRESS	
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5.4 CITY-ST-ZIP	
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE **Wayne Babb** 4.23.97 159.1291

CR2E037 (9/96)