

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35373** (0)

1. Corporation Name

PARTNERS PREFERRED YIELD II, INC.



Principal Place of Business: 600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203
Mailing Address: 600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203

3. Date Incorporated or Qualified 09/03/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 95-4325984	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address:
21 701 S. Western Ave Suite, Apt. #, etc.	26 PO Box 25025 Suite, Apt. #, etc.
22 City & State Glendale CA	27 Dept PT City & State Glendale CA
23 Zip 91201	28 Zip 91201-5025
24 Country Los Angeles	29 Country Los Angeles

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 600001798706 -04729796--01046--009 ***200.00 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 _____ (NOTE: Registered Agent Signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHES, B. WAYNE		1.2 NAME	
STREET ADDRESS 600 N BRAND BLVD #300		1.3 STREET ADDRESS 701 S. Western Ave	
CITY-ST-ZIP GLENDALE CA		1.4 CITY-ST-ZIP Glendale CA 91201	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LENKIN, HARVEY		2.2 NAME	
STREET ADDRESS 600 N BRAND BLVD #300		2.3 STREET ADDRESS 701 S. Western Ave	
CITY-ST-ZIP GLENDALE CA		2.4 CITY-ST-ZIP Glendale CA 91201	
TITLE VST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERICH, OBREN B.		3.2 NAME	
STREET ADDRESS 600 N BRAND BLVD #300		3.3 STREET ADDRESS 701 S. Western Ave	
CITY-ST-ZIP GLENDALE CA		3.4 CITY-ST-ZIP Glendale CA 91201	
TITLE VCAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAVNER, RONALD L., JR.		4.2 NAME	
STREET ADDRESS 600 N BRAND BLVD #300		4.3 STREET ADDRESS 701 S. Western Ave	
CITY-ST-ZIP GLENDALE CA		4.4 CITY-ST-ZIP Glendale CA 91201	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURTIS, VERN O.		5.2 NAME	
STREET ADDRESS 4111 STILLWATER DR		5.3 STREET ADDRESS 15213 NW Francesa	
CITY-ST-ZIP HUNTINGTON BCH CA		5.4 CITY-ST-ZIP Portland OR 97229	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEELE, JACK D.		6.2 NAME	
STREET ADDRESS 1625 MICHAEL LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP PACIFIC PALISADES CA		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **4-11-96** (818)244-8080

CR2E034 (12/95)