

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35641 (0)

1. Corporation Name
NATIONAL TAX CREDIT, INC. II



Principal Place of Business: **9090 WILSHIRE BLVD., STE. 201 BEVERLY HILLS CA 90211**
Mailing Address: **9090 WILSHIRE BLVD., STE. 201 BEVERLY HILLS CA 90211**

3. Date Incorporated or Qualified: **09/23/1991** 3a. Date of Last Report: **03/01/1995**
4. FEI Number: **93-0120887** Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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): []
83 []
84 City: [] 85 Zip Code: **FL** []

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

Signature typed or printed name of registered agent (to be typed)

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOXENBAUM, CHARLES	
STREET ADDRESS	9090 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	CASDEN, ALAN I.	
STREET ADDRESS	9090 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NELSON, BRUCE E.	
STREET ADDRESS	9090 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASDEN, HENRY C.	
STREET ADDRESS	9090 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALTHER, MARK	
STREET ADDRESS	9090 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASDEN, HENRY C.	
STREET ADDRESS	9090 WILSHIRE BLVD #201	
CITY-ST-ZIP	BEVERLY HILLS CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, change it, or in an attachment with an address.

SIGNATURE: *Bob Schaffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (310) 278-2191
DATE DATE TIME

CR2E034 (12/95)