

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).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

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

0120659

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000006160**

1. Corporation Name  
**CASDEN PROPERTIES QRS II INC.**



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified  
**11/06/1998**

4. FEI Number  
**95-4718910**

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 the current year Intangible Personal Property.  Yes  No

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

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.**  
 1406 HAYS ST., STE. 2  
 TALLASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CDV	<input type="checkbox"/> DELETE
NAME	CASDEN, ALAN I	
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	CASDEN, HENRY C	
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RING, SCOTT	
STREET ADDRESS	9090 WILSHIRE BLVD., 3RD FL.	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VICE PRESIDENT ASST. SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Hildebrand
3.3 STREET ADDRESS	9090 Wilshire Blvd. 3rd Fl.
3.4 CITY-ST-ZIP	Beverly Hills, CA 90211
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	

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 *Robert J. Hildebrand* **ROBERT J. HILDEBRAND** 9/10/99 310 274-5553

CR2E034 (5/99)