

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

APPROVED AND FILED

95 MAY -1 PH 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **834577**
1. Corporation Name
AmReal Corporation

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **6/24/75** 3a. Date of Last Report **5/1/94**

2. Principal Place of Business 2a. Mailing Address

21 **1 Insignia Financial Plaza** 21a **One Insignia Financial Plaza**

22 **P.O. Box 1089** 22a **P.O. Box 1089**

23 **Greenville SC** 23a **Greenville, SC**

24 **29602** 24a **US** 24b **29602** 24c **US**

4. FEI Number **57-0539477** 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

9. Name and Address of Current Registered Agent

81 Name **CT Corporation**

82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**

83

84 City **Plantation** FL 85 Zip Code **33324**

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE **5/1/95**

12. OFFICERS AND DIRECTORS

TITLE **President**
NAME **William H. Jarrano, Jr.**
STREET ADDRESS **One Insignia Financial Plaza**
CITY ST ZIP **Greenville SC 29602**

TITLE **VP - Secretary**
NAME **John K Lines**
STREET ADDRESS **Above**
CITY ST ZIP

TITLE **Treasurer**
NAME **Martha Long**
STREET ADDRESS **Above**
CITY ST ZIP

TITLE **Assistant Secretary**
NAME **Kelly M. Buechler**
STREET ADDRESS **Above**
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE Change 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 recipient 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: Martha Long **MARSHA L LONG** 9/27/95 (503)-239-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE