

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 834577 (9)**  
1. Corporation Name  
**AMREAL CORPORATION**



Principal Place of Business  
**ONE INSIGNIA FINANCIAL PLAZA  
P.O. BOX 1089, N/A  
GREENVILLE SC 29602  
US**

Mailing Address  
**ONE INSIGNIA FINANCIAL PLAZA  
P.O. BOX 1089, N/A  
GREENVILLE SC 29602-1089  
US**

3. Date Incorporated or Qualified **06/26/1975** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <i>One Insignia Financial Plaza</i>	26 <i>P.O. Box 1089</i>	<b>57-0539477</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
22 <i>Corporate Accounting</i>	27 <i>Corporate Accounting</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <i>Greenville, SC</i>	28 <i>Greenville, SC</i>		
Zip	Country		
24 <i>29601</i>	25		
	29 <i>29602-1089</i>		
	30 <i>US</i>		

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARRARD JR, WILLIAM H</b>	1.2 NAME	
STREET ADDRESS	<b>ONE INSIGNIA FINANCIAL PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC</b>	1.4 CITY-ST-ZIP	<b>29601</b>
TITLE	<b>VS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINES, JOHN K.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE INSIGNIA FINANCIAL PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29602</b>	2.4 CITY-ST-ZIP	<b>29601</b>
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, MARTHA</b>	3.2 NAME	
STREET ADDRESS	<b>ONE INSIGNIA FINANCIAL PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29602</b>	3.4 CITY-ST-ZIP	<b>29601</b>
TITLE	<b>AS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUECHLER, KELLY M</b>	4.2 NAME	
STREET ADDRESS	<b>ONE INSIGNIA FINANCIAL PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29602</b>	4.4 CITY-ST-ZIP	<b>29601</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VPT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Ronald Wretta</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>One Insignia Financial Plaza Greenville, SC 29601</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **4/21/97** (8/nd) 729-1128

CR2E034 (9/96)