

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/10/95--01086--016  
\*\*\*\*425.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **854634** (3)  
1. Corporation Name  
**SECURITY PROPERTIES MANAGEMENT INC.**

Principal Place of Business: **ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602 US**  
Mailing Address: **P. O. BOX 1009 ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602 US**

3. Date Incorporated or Qualified: **11/10/1982** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **91-0996127** 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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE 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 the 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHULER, THOMAS R.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	C
NAME	HOCKING, SCOTT T.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	T
NAME	VERTTA, RONALD
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE FL
TITLE	S
NAME	BUECHER, KELLY M.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	D
NAME	SHULER, THOMAS
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	D
NAME	FORKAS, ANDREW
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Controller
2.3 STREET ADDRESS	Martha Long
2.4 CITY - ST - ZIP	One Insignia Financial Plaza Greenville SC 29602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	TIS. 3/9/95
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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: *X Martha Long* *Martha Long* 2/24/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE