

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 857807 (2)

1. Corporation Name
ANGELES REALTY CORPORATION II



Principal Place of Business: ONE INSIGNIA FINANCIAL PLAZA, P.O. BOX 1089, GREENVILLE SC 29602 US
Mailing Address: P.O. BOX 1089, GREENVILLE SC 29602 US

3. Date Incorporated or Qualified: 09/20/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 95-3689111
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 29601 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 30 Country

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	CAOC LONG, ROBERT D. J. <input type="checkbox"/> DELETE
NAME	LONG, ROBERT D. J.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	V JARRARD, WILLIAM H. J. <input type="checkbox"/> DELETE
NAME	JARRARD, WILLIAM H. J.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	S LINES, JOHN K. <input type="checkbox"/> DELETE
NAME	LINES, JOHN K.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	AS BUECHLER, KELLY M. <input type="checkbox"/> DELETE
NAME	BUECHLER, KELLY M.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	DP VINSON, CARROLL D. <input type="checkbox"/> DELETE
NAME	VINSON, CARROLL D.
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY - ST - ZIP	GREENVILLE SC
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Long, Jr.* Robert D. Long, Jr. 6/20/96 864-239-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)