

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -9 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ED

DOCUMENT # F93000000462 (2)

1. Corporation Name

INSIGNIA COMMERCIAL GROUP, INC.

Principal Place of Business

P.O. BOX 1089
GREENVILLE SC 29602

Mailing Address

ONE INSIGNIA FINANCIAL PLZ
GREENVILLE SC 29602
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

57-0966617

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOROWITZ, HENRY
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC 29601

1.1 TITLE Controller
1.2 NAME Martha Long
1.3 STREET ADDRESS One Insignia Financial Plaza
1.4 CITY-ST-ZIP Greenville SC 29602

☐ Change ☒ Addition

TITLE AS
NAME BUECHLER, KELLEY M
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPTS
NAME URETTA, RONALD
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FARKAS, ANDREW L
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC 29601

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PAGE, WILLIAM M
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC 29601

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I hereby 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:

Xmartha L Long *B Martha L Long*

3/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

DATE

(Signature Printed)