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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000462 (2)

INSIGNIA COMMERCIAL GROUP, INC.

Principal	Place o	f B usiness
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P.O. BOX 1089 GREENVILLE SC 29802 Mailing Address

ONE INSIGNIA FINANCIAL PLZ GREENVILLE SC 29602

FILED May 05 1997 8:00am Secretary of State



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					3. Date Incorporated or Qualified	3a. Da	ite of Last F	eport
					02/02/1993	05/0	01/1996	
	lace of Business 2a. Mailing Add	iress			4. FEI Number			oplied For
21 ()ne	Insignia Financial Phoa 26 P.O.	PXX	1089		57-0966617		<u> </u>	ot Applicable
Sulte, Apt.	#, etc. () Stille, Apt #	7, etc.					 	Additional
22 CANDOY	Ite Accounting 27 Corpo	rate Acc	count	าด	5. Certificate of Status Desired	Ш		beninge
City & State	e City & State)	6. Election Campaign Financing		\$5 ሰ በ	May Be
23 Green	Wille SC 28 Green	<u>ville, 5</u>	C		Trust Fund Contribution		Added	
Zip	Country Zip	1,7,1,7,	Country		8. This corporation has liability for	intengible		· · · · · · · · · · · · · · · · · · ·
24 a90	01 25 U.S. 29 29602-	1089 30	115		· ·	Yes [_ /	. 100.0QE,
	9. Name and Address of Current Registered Agent	<u> </u>		A	10. Name and Address of New Re			
CT	CORPORATION SYSTEM		81	Name				
	SOUTH PINE ISLAND ROAD							
	NTATION FL 33324		82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
PDQ	NIAHON FL 33324		B3					
			84 (City			85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.0502 and 607.1508, Flor	ida Statutes, th	ne above-r	named cor	rporation submits this statement for the patients beard of directors.	purpose of	changing it	s registered
agent. I a	egistered agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 607	7.0505, Florida	Statutes.	ie corpore	allor's board of offectors. Thereby acce	рше арр	omuniont as	registerea
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable	(NOT Regi	istered Agent	signaturo requ	uired when reinstating)	DATE		
12,	OFFICERS AND DIRECTORS		18.		ADDITIONS/CHANGES TO OFFIC	CERS AND		IS IN 12
TITLE	V ₩ 1	DELETE 1	1.1 TITLE		COO/D.		Change	Addition
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NAME	HOROWITZ, MICHAEL	1	1.2 NAME	,	Hency Hacard't-		•	
NAME Street address				ODRESS A	Henry Horowitz	Plaza	- •	
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