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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 # F94000002773 (9)

1. Corporation Name

INSIGNIA HOSPITALITY MANAGEMENT GROUP, INC.



Principal Place of Business

P.O. BOX 1089
GREENVILLE SC 29602

Mailing Address

P.O. BOX 1089
GREENVILLE SC 29602-1089

3. Date Incorporated or Qualified
05/26/1994

3a. Date of Last Report
06/15/1996

2. Principal Place of Business

2a. Mailing Address

21 One Insignia Financial Plaza
Suite, Apt. #, etc.

26 P.O. Box 1089
Suite, Apt. #, etc.

22 Corporate Accounting
City & State

27 Corporate Accounting
City & State

23 Greenville, SC
Zip Country

28 Greenville, S.C.
Zip Country

24 29601
25 US

29 29602 1089
30 US

4. FEI Number
57-1021588

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

9. Name and Address of Current Registered Agent

C T 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

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 PCDT
NAME KISTEL, DAN
STREET ADDRESS 5405 CYPRESS CENTER DRIVE, STE 130
CITY-ST-ZIP TAMPA FL

TITLE V
NAME MILLER, THOMAS O
STREET ADDRESS 901 N. MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE S
NAME UNES, JOHN K
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC 29609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

[Handwritten Signature]

4/22/97

(864) 239-1138

CR2E034 (9/96)