

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006242 (0)**
1. Corporation Name

CONCAP COP/III PROPERTIES, INC.

Principal Place of Business

PO BOX 1089
GREENVILLE SC 29602

Mailing Address

PO BOX 1089
GREENVILLE SC 29602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1995

4. FEI Number

75-2394405

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 ☐ DELETE

NAME **PD JARRARD, WILLIAM H JR**
STREET ADDRESS **1 INSIGNIA FINANCIAL PLAZA, 10TH FLR**
CITY-ST-ZIP **GREENVILLE SC**

TITLE ☐ DELETE

NAME **S LINES, JOHN K**
STREET ADDRESS **1 INSIGNIA FINANCIAL PLAZA, 10TH FLR**
CITY-ST-ZIP **GREENVILLE SC 29602**

TITLE ☐ DELETE

NAME **BUECHLER, KELLEY M**
STREET ADDRESS **1 INSIGNIA FINANCIAL PLAZA, 10TH FLR**
CITY-ST-ZIP **GREENVILLE SC 29602**

TITLE ☐ DELETE

NAME **VPT URETTA, RONALD**
STREET ADDRESS **1 INSIGNIA FINANCIAL PLAZA**
CITY-ST-ZIP **GREENVILLE SC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I 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 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: *[Signature]* 7/10/98 864-239-1000

CRZE034 (5/98)



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Insignia Financial Group, Inc.

ONE INSIGNIA FINANCIAL PLAZA • P.O. BOX 1089
GREENVILLE, SOUTH CAROLINA 29602
(864) 239-1000

July 9, 1998

Ms. Sandra Mortham
Secretary of State
Annual Reports Filings
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Mortham:

Last July 7, 1998, I received the 1998 Profit Corporation Annual Report packets for 32 entities controlled by Insignia Financial Group, Inc. Each form indicated that it was a second notice and as such imposed a \$400 penalty.

Please be informed that I did not receive the first notice for these entities. The parent company, Insignia Financial Group, Inc. has over two hundred entities that comprise its corporate structure. Each of these entities has multi-state filing requirements. Due to the complexities of our corporate structure, the receipt of the appropriate forms issued by the state governments mostly prompts compliance with these filing requirements. I had no intention of ignoring such requirements.

In view of this, I respectfully request abatement from the penalty. I assure you that efforts will be made to better monitor receipt of these forms. Please find attached a copy of the completed Annual Report for Con Lap Corp/III Properties, Inc and a check for \$150.00 representing its annual fee.

Thank you for your kind attention.

Very truly yours,

Anthony J. DeCredico
Budget & Tax Director