

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J62504 (2)

1. Corporation Name

MAQ PROPERTY INVESTORS, INC.



Principal Place of Business

Mailing Address

5665 NORTHSIDE DR NW  
SUITE 370  
ATLANTA GA 30328-2850

5665 NORTHSIDE DR NW  
SUITE 370  
ATLANTA GA 30328-2850

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/18/1987

3a. Date of Last Report

05/30/1995

4. FEI Number

65-0002247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT 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 authorized officer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
QUELER, ARTHUR N.  
5665 NORTHSIDE DRIVE, NW, SUITE 370  
ATLANTA GA 30328

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ASHNER, MICHAEL  
100 JERICHO QUADRANGLE, SUITE 214  
JERICHO NY 11753-2717

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LIFTON, MARTIN  
100 JERICHO QUADRANGLE, SUITE 214  
JERICHO NY 11753-2717

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHCETZ W. EDWARD  
1301 AVENUE OF THE AMERICAS, 38TH FLOOR  
NEW YORK NY 10019

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LIFTON, STEVEN J  
100 JERICHO QUADRANGLE, SUITE 214  
JERICHO NY 11753-2717

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOENIGSBERGER, RICHARDO  
1305 AVENUE OF THE AMERICAS, 38TH FLOOR  
NEW YORK NY 10019

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME JARRARD, WILLIAM H. JR.  
1.3 STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
1.4 CITY-ST-ZIP GREENVILLE, SC 29602

2.1 TITLE V/S ☐ Change ☒ Addition  
2.2 NAME LINES, JOHN K.  
2.3 STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
2.4 CITY-ST-ZIP GREENVILLE, SC 29602

3.1 TITLE V/T ☐ Change ☒ Addition  
3.2 NAME URETTA, RON  
3.3 STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
3.4 CITY-ST-ZIP GREENVILLE, SC 29602

4.1 TITLE C ☐ Change ☒ Addition  
4.2 NAME LONG, MARTHA  
4.3 STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
4.4 CITY-ST-ZIP GREENVILLE, SC 29602

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME BUECHLER, KELLEY M.  
5.3 STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
5.4 CITY-ST-ZIP GREENVILLE, SC 29602

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Martha Long*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA LONG

4/25/96

(864) 239-1141

Date

Daytime Phone #

CR2E034 (12/95)