

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

FILED

May 09 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 # J62504

(2)

1. Corporation Name

MAQ PROPERTY INVESTORS, INC.

Principal Place of Business

5665 NORTHSIDE DR NW  
SUITE 370  
ATLANTA GA 30328-2850

Mailing Address

5665 NORTHSIDE DR NW  
SUITE 370  
ATLANTA GA 30328-5805

3. Date Incorporated or Qualified  
03/18/1987

3a. Date of Last Report  
05/01/1996

4. FEI Number

65-0002247

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

21 100 Jericho Quadrangle  
Suite, Apt. #, etc.

2a. Mailing Address

26 100 Jericho Quadrangle  
Suite, Apt. #, etc.

22 Suite 214  
City & State

27 Suite 214  
City & State

23 Jericho, NY  
Zip

28 Jericho, NY  
Zip

24 11753  
Country

29 11753  
Country

9. Name and Address of Current Registered Agent

CT 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

Sign (one) typed or printed name of registered agent and to it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JARRARD, WILLIAM H. JR.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LINES, JOHN K.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	URETTA, RON	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	LONG, MARTHA	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	PD	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael L. Ashner	
1.3 STREET ADDRESS	100 Jericho Quadrangle Suite 214	
1.4 CITY-ST-ZIP	Jericho NY 11753	
2.1 TITLE	V/S/T	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	Peter Breuerman	
2.3 STREET ADDRESS	100 Jericho Quadrangle, Suite 214	
2.4 CITY-ST-ZIP	Jericho, NY 11753	
3.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)