

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 <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04299** (4)  
1. Corporation Name  
**FOX CAPITAL MANAGEMENT CORPORATION**



Principal Place of Business <b>ONE INSIGNIA FINANCIAL PLAZA CORPORATE ACCOUNTING GREENVILLE SC 29601 US</b>	Mailing Address <b>P.O. BOX 1089 CORPORATE ACCOUNTING GREENVILLE SC 29602 US</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>12/10/1984</b>	4. FEI Number <b>94-1560184</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JARRARD, WILLIAM H JR		1.2 NAME				
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		1.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LINES, JOHN		2.2 NAME	DANIEL LEBEY			
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		2.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC		2.4 CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	URETTA, RONALD		3.2 NAME				
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		3.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BUECHLER, KELLEY M		4.2 NAME				
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		4.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC		4.4 CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LONG, MARTHA		5.2 NAME				
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		5.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 \_\_\_\_\_

CR2E034 (5/98)



*Insignia Financial Group, Inc.*<sup>SM</sup>

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

*pg 2*

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 Fox Capital Mgmt Corporation 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