

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # P05921 (2)  
1. Corporation Name  
SHELTER REALTY V CORPORATION OF SOUTH CAROLINA



Principal Place of Business	Mailing Address
ONE INSIGNIA FINANCIAL PLAZA P. O. BOX 1089 GREENVILLE SC 29602 US	ONE INSIGNIA FINANCIAL PLAZA P. O. BOX 1089 GREENVILLE SC 29602 US

3. Date Incorporated or Qualified <b>05/07/1985</b>		3a. Date of Last Report <b>05/01/1995</b>	
4. FEI Number <b>57-0720607</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 637.1508, 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	P	<input type="checkbox"/> DELETE
NAME	JARRARD, WILLIAM H. JR.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC 29602	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	LINES, JOHN K.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC 29602	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	URETTA, RON	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC 29602	

TITLE	C	<input type="checkbox"/> DELETE
NAME	LONG, MARTHA	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC 29602	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUECHLER, KELLY	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC 29602	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 MARTHA LONG 4/25/96 (864) 239-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)