


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

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Apr 29 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 # P05921 (2) 1. Corporation Name SHELTER REALTY V CORPORATION OF SOUTH CAROLINA		



Principal Place of Business ONE INSIGNIA FINANCIAL PLAZA P. O. BOX 1089 GREENVILLE SC 29602 US	Mailing Address ONE INSIGNIA FINANCIAL PLAZA P. O. BOX 1089 GREENVILLE SC 29602-1089 US
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2. Principal Place of Business 21 One Insignia Financial Plaza Suite, Apt. #, etc. 22 Corporate Accounting City & State 23 Greenville, SC Zip Country 24 29601 25 US	2a. Mailing Address 26 P.O. Box 1089 Suite, Apt. #, etc. 27 Corporate Accounting City & State 28 Greenville, SC Zip Country 29 29602-1089 30 US	3. Date Incorporated or Qualified 05/07/1985	3a. Date of Last Report 05/01/1996
		4. FEI Number 57-0720607	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
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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 JARRARD, WILLIAM H. JR. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29601
TITLE VS LINES, JOHN K. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPS 29601
TITLE VT URETTA, RON ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPT 29601
TITLE C LONG, MARTHA ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Controller 29601
TITLE AS BUECHLER, KELLY ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE: Kelly M. Buechler 4/21/97 (864) 239-1138
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0010822

CR2E034 (9/96)