

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32330 (3)

1. Corporation Name

INSIGNIA MANAGEMENT CORPORATION



Principal Place of Business

ONE INSIGNIA FINANCIAL PLAZA
P.O. BOX 1089
GREENVILLE SC 29602
US

Mailing Address

ONE SHELTER PLACE
P.O. BOX 1089
GREENVILLE SC 29602

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

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

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

03/07/1995

4. FEI Number

13-3597183

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

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

Signature typed or printed name of registered agent and date of filing

in the Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SHULER, THOMAS R
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FARKAS, ANDREW L
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PAGE, WILLIAM N
132 HUMMINGBIRD DR
GREENVILLE SC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
URETTA, RONALD
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
BUECHLER, KELLEY M.
1175 HAYWOOD ROAD
GREENVILLE SC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
LONG, MARTHA
ONE LASIGNIA FINANCIAL PLAZA
GREENVILLE SC

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA LONG

4/25/96

(864) 239-1141

CR2E034 (12/95)