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May 05 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 # S12443

(5)

1. Corporation Name

MAQ/LIFTON ACQUISITION CORP.

Principal Place of Business

ONE INSIGNIA FINANCIAL PLAZA
CORP ACCOUNTING
GREENVILLE SC 29602
US

Mailing Address

P O BOX 1089
CORP ACCOUNTING
GREENVILLE SC 29602-1089
US

3. Date Incorporated or Qualified
11/13/1990

3a. Date of Last Report
06/25/1996

4. FEI Number
65-0228179

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 One Insignia Financial Plaza
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1089
Suite, Apt. #, etc.

22 Corporate Accounting
City & State

27 Corporate Accounting
City & State

23 Greenville, S.C.

28 Greenville, S.C.

24 Zip
29601

Country
US

29 Zip
29602-1089

Country
US

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JARRARD, WILLIAM H JR
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
LINES, JOHN K
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
URETTA, RONALD
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
LONG, MARTHA
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BUECHLER, KELLY
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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] 4/21/97

(864) 239-1138

CR2E034 (9/96)