

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  
1998



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

DOCUMENT # S12443

(5)

1. Corporation Name  
MAQLIFTON ACQUISITION CORP.

Principal Place of Business

CORPORATE ACCOUNTING  
GREENVILLE SC 29601  
US

Mailing Address

P.O. BOX 1089  
GREENVILLE SC 29602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

B1 Name

B2 Street Address (P.O. Box Number Is Not Acceptable)

B3

B4 City

FL

B5

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

TITLE DP ☐ DELETE

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

TITLE VPS ☐ DELETE

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

TITLE VPT ☐ DELETE

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

TITLE C ☐ DELETE

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

TITLE AS ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 register 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

*[Handwritten Signature]* 7/14/98 864-339-1007

CR2E034 (5/98)



*Insignia Financial Group, Inc.*

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

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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 MAQ/Lifton Acquisition Corp 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