


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

000429

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90037 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28188**  
 1. Corporation Name  
**200 SOUTH BISCAIYNE CORPORATION**

Principal Place of Business 305 EAST 47TH STREET NEW YORK NY 10017	Mailing Address 305 EAST 47TH STREET NEW YORK NY 10017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 7066 Suite, Apt. #, etc. 22 TAX Dept. City & State 23 Indianapolis, IN Zip Country 24 46207 25	2a. Mailing Address 26 P.O. Box 7066 Suite, Apt. #, etc. 27 TAX Dept. City & State 28 Indianapolis, IN Zip Country 29 46207 30
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3. Date Incorporated or Qualified <b>02/20/1990</b>	4. FEI Number <b>13-3559791</b>	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	MAUTNER, HANS C.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MALONEY, J. M	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MICHAEL L.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, WILLIAM J.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TICOTIN, MARK S	
STREET ADDRESS	305 EAST 47TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VPGC	<input checked="" type="checkbox"/> DELETE
NAME	ROLFE, HAROLD E	
STREET ADDRESS	305 EAST 47TH ST	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melvin Simon	
1.3 STREET ADDRESS	115 W. Washington St	
1.4 CITY-ST-ZIP	Indianapolis, IN 46204	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herbert Simon	
2.3 STREET ADDRESS	115 W. Washington St	
2.4 CITY-ST-ZIP	Indianapolis, IN 46204	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Simon	
3.3 STREET ADDRESS	115 W. Washington St	
3.4 CITY-ST-ZIP	Indianapolis, IN 46204	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard S. Sokolov	
4.3 STREET ADDRESS	115 W. Washington St.	
4.4 CITY-ST-ZIP	Indianapolis, IN 46204	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James m. Barkley	
5.3 STREET ADDRESS	115 W. Washington St.	
5.4 CITY-ST-ZIP	Indianapolis, IN 46204	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stephen E. Sterrett	
6.3 STREET ADDRESS	115 W. Washington St.	
6.4 CITY-ST-ZIP	Indianapolis, IN 46204	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* 1-8-99 317-636-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)