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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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

3. Date Incorporated or Qualified 02/20/1990		4. FEI Number 13-3559791		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 P.O. Box 7066 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 7066 Suite, Apt. #, etc.	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	
22 TAX Dept. City & State	27 TAX Dept. City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23 Indianapolis, IN Zip Country	28 Indianapolis, IN Zip Country	9. Name and Address of Current Registered Agent		
24 46207 25	29 46207 30	10. Name and Address of New Registered Agent		

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	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.	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CCEO	MAUTNER, HANS C. <input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	Melvin Simon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 E. 47TH STREET	1.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SVP	MALONEY, J. M. <input checked="" type="checkbox"/> DELETE	2.1 TITLE CD	Herbert Simon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 E. 47TH STREET	2.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	JOHNSON, MICHAEL L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE D	David Simon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 E. 47TH STREET	3.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE S	LYONS, WILLIAM J. <input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	Richard S. Sokolov <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 E. 47TH STREET	4.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE P	TICOTIN, MARK S. <input checked="" type="checkbox"/> DELETE	5.1 TITLE S	James m. Barkley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 EAST 47TH STREET	5.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY 10017	5.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VPGC	ROLFE, HAROLD E. <input checked="" type="checkbox"/> DELETE	6.1 TITLE T	Stephen E. Sterrett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 EAST 47TH ST	6.2 NAME	115 W. Washington St
STREET ADDRESS	NEW YORK NY 10017	6.3 STREET ADDRESS	Indianapolis, IN 46204
CITY-ST-ZIP		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)(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)