

3/29/1999 2:34 PM

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90006 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G97817 (2)

1. Corporation Name

BRICKELL MALL, INC.

Principal Place of Business C/O BILL G. DAVIS 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL. 33131	Mailing Address C/O BILL G. DAVIS 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL. 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 4/05/1984 4. FEI Number 65-0048962 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 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, BILL G.
1000 BRICKELL AVENUE., #300
MIAMI, FL. 33131

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, L. ALLEN	1.2 NAME	
STREET ADDRESS	1000 BRICKELL AVE., #1200	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33131	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WILLIAM ALLEN	2.2 NAME	
STREET ADDRESS	1000 BRICKELL AVE., #1200	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33131	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JR. JAMES F.	3.2 NAME	
STREET ADDRESS	1100 JOHNSON FERRY RD NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA	3.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BILL G.	4.2 NAME	
STREET ADDRESS	1000 BRICKELL AVE., #300	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33131	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPP, GARY L.	5.2 NAME	
STREET ADDRESS	1000 BRICKELL AVE., #1200	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33131	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, H. LELAND	6.2 NAME	
STREET ADDRESS	1000 BRICKELL AVE., #300	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33131	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 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: *Bill G. Davis*

BILL G. DAVIS

3-31-99

(305) 358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #