

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

FILED
May 15 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 # 385058 (3)

1. Corporation Name
THE ROUSE COMPANY OF FLORIDA, INC.

Principal Place of Business
C/O JOHN J. SZYMANSKI, TAX DEPT.
THE ROUSE COMPANY BUILDING
COLUMBIA MD 21044

Mailing Address
C/O JOHN J. SZYMANSKI, TAX DEPT.
THE ROUSE COMPANY BUILDING
COLUMBIA MD 21044
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1971	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 52-0914189	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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
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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VT	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONAHUE, JEFFREY H.			12 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PW			13 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			14 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YUNGMAH, GEORGE L			22 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PARKWAY			23 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			24 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTHSCHILD, BRUCE I			32 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PW			33 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			34 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SZYMANSKI, JOHN J			42 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PW			43 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, MD 0			44 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEERING, ANTHONY W.			52 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PW			53 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			54 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGREGOR, DOUGLAS A			62 NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PW			63 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, MD 0			64 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 in an attachment with an address.

SIGNATURE:

JOHN J. SZYMANSKI, VP

4/24/98

410-992-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 0534646

CR2E034 (10/97)