

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **856580**

1. Corporation Name
PRUDENTIAL-BACHE PROPERTIES, INC.



Principal Place of Business
 ONE SEAPORT PLAZA
 199 WATER ST. 16TH FLOOR
 NEW YORK NY 10292-0116
 US

Mailing Address
 K. MAGUIRE LAW
 ONE SEAPORT PLAZA 199 WATER ST.
 NEW YORK NY 10292-0129
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
05/27/1983

4. FEI Number
13-3014502

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 the current year Intangible Personal Property Tax. Yes 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 **FL** 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	DPCPE	<input type="checkbox"/> DELETE
NAME	MARTIN, BRIAN J.	
STREET ADDRESS	ONE SEAPORT PLAZA, 199 WATER ST	
CITY-ST-ZIP	NEW YORK NY 10292	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PISKOROWSKI, CHESTER A.	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPFC	<input type="checkbox"/> DELETE
NAME	BROOKS, BARBARA J	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIO, NATHALIE P	
STREET ADDRESS	ONE SEAPORT PLAZA- 199 WATER ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLINO, STEVEN	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY 10292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIORDANO, FRANK W	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK N.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ DATE: April 13 1999 DAYTIME PHONE #: 212 214 6429

CR2E034 (1.1/98)