

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:21

DOCUMENT # F92000000453 (2)

1. Corporation Name
HRE FLORIDA MALL, INC.

Principal Place of Business Mailing Address
950 E. PACES FERRY ROAD, SUITE 2275 ATLANTA GA 30326 **950 E. PACES FERRY ROAD, SUITE 2275 ATLANTA GA 30326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1992** 3a. Date of Last Report **01/25/1994**

4. FEI Number **58-2020179** Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	BORG, LEONARD E JR
STREET ADDRESS	950 E. PACES FERRY ROAD, SUITE 2275
CITY - ST - ZIP	ATLANTA GA 30326
TITLE	T
NAME	BREACH, WILLIAM J.
STREET ADDRESS	950 E. PACES FERRY ROAD
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	CONLEE, CECIL D
STREET ADDRESS	950 E. PACES FERRY ROAD, SUITE 2275
CITY - ST - ZIP	ATLANTA GA 30326
TITLE	D
NAME	GOLDEN, DAVID S
STREET ADDRESS	950 E. PACES FERRY ROAD, SUITE 2275
CITY - ST - ZIP	ATLANTA GA 30326
TITLE	V
NAME	GILOMEN, DALE R
STREET ADDRESS	950 E. PACES FERRY ROAD, SUITE 2275
CITY - ST - ZIP	ATLANTA GA 30326
TITLE	V
NAME	HOEK, MARTIN J
STREET ADDRESS	950 E. PACES FERRY ROAD, SUITE 2275
CITY - ST - ZIP	ATLANTA GA 30326

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 my address.

SIGNATURE:

William J. Breach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 404/066-1002
DATE (Day/Month/Year) (Typed Name)