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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92000000804 (6)

1. Corporation Name  
SARASOTA MALL CORPORATION

Principal Place of Business  
C/O HEITMAN ADVISORY CORPORATION  
180 NORTH LA SALLE STREET, SUITE 3600  
CHICAGO IL 60601

Mailing Address  
C/O HEITMAN ADVISORY CORPORATION  
180 NORTH LA SALLE STREET, SUITE 3600  
CHICAGO IL 60601-2605



3. Date Incorporated or Qualified  
12/21/1992  
3a. Date of Last Report  
08/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 c/o Gail Carey		36-7015870		Not Applicable	
22 City & State		27 180 N. LaSalle Street		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Chicago, Illinois		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 60601		30 USA		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, STEPHEN	1.2 NAME	
STREET ADDRESS	180 N. LA SALLE STREET, SUITE 3600	1.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	2.2 NAME	
STREET ADDRESS	180 N. LA SALLE STREET, SUITE 3600	2.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STUART	3.2 NAME	
STREET ADDRESS	180 N. LA SALLE STREET, SUITE 3600	3.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J	4.2 NAME	
STREET ADDRESS	180 N. LA SALLE STREET, SUITE 3600	4.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHNLE, HERBERT	5.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET	5.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do 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 is based 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: Howard J. Edelman **Howard J. Edelman, Vice President** (312) 855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0482089

CR2E034 (9/96)