

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F93000005796

1. Corporation Name
DEBARTOLO PROPERTIES, INC.

8501

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 115 W WASHINGTON ST STE 15E INDIANAPOLIS IN 46204 US		Mailing Address P O BOX 7066, TAX DEPT INDIANAPOLIS IN 46207 US	
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		Zip	
24		29	
Country		Country	
25		30	

3. Date Incorporated or Qualified

12/21/1993

4. FEI Number

34-1753990

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 owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

C T 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

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	CEO	1.1 TITLE	
NAME	SIMON, DAVID	1.2 NAME	
STREET ADDRESS	115 W WASHINGTON ST STE 15E	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BARKLEY, JAMES	2.2 NAME	
STREET ADDRESS	115 W WASHINGTON ST STE 15E	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	SOKOLOU, RICHARD S	3.2 NAME	
STREET ADDRESS	115 W WASHINGTON ST STE 15E	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	STERRETT, STEPHEN E	4.2 NAME	
STREET ADDRESS	115 W WASHINGTON ST STE 15E	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-99

3176361600

CR2E034 (11/98)