

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90106 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001713

1. Corporation Name

HOMART MANAGEMENT CO. - FLORIDA



Principal Place of Business %GENERAL GROWTH PROPERTIES 55 W. MONROE/SUITE 3100 CHICAGO IL 60603 US	Mailing Address %GENERAL GROWTH PROPERTIES 55 W. MONROE/SUITE 3100 CHICAGO IL 60603 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 N. Wacker Suite, Apt. #, etc. 22 City & State 23 Chicago, IL Zip Country 24 60606 25 USA		2a. Mailing Address 26 110 N. Wacker Suite, Apt. #, etc. 27 City & State 28 Chicago, IL Zip Country 29 60606 30 USA		3. Date Incorporated or Qualified 04/10/1995
		4. FEI Number 36-4015111		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPAK, EDWARD A	1.2 NAME	
STREET ADDRESS	55 W MONROE STE 3100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, ROBERT	2.2 NAME	
STREET ADDRESS	55 WEST MONROE, SUITE 3100	2.3 STREET ADDRESS	110 N. Wacker
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIBAU, BERNARD	3.2 NAME	110 N. Wacker
STREET ADDRESS	55 WEST MONROE, SUITE 3100	3.3 STREET ADDRESS	Chicago, IL 60606
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKSBAUM, JOHN	4.2 NAME	110 N. Wacker
STREET ADDRESS	55 WEST MONROE, SUITE 3100	4.3 STREET ADDRESS	Chicago, IL 60606
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	CCEO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKSBAU, MATTHEW	5.2 NAME	110 N. Wacker
STREET ADDRESS	55 W MONROE STE 3100	5.3 STREET ADDRESS	Chicago, IL 60606
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, MARSHALL	6.2 NAME	2 N. LaSalle ST Ste. 2200
STREET ADDRESS	55 W MONROE STE 3100	6.3 STREET ADDRESS	Chicago, IL 60602
CITY-ST-ZIP	CHICAGO IL	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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Freibau 3-31-99 (312) 960-5205
Date Daytime Phone #