

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90176 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000000307**

1. Corporation Name  
**ROUSE-CORAL GABLES, INC.**



Principal Place of Business  
% OFFICE OF THE GENERAL COUNSEL, ROUSE CO.  
10275 LITTLE PATUXENT PKWY.  
COLUMBIA MD 21044

**THE ROUSE COMPANY**  
C/O TAX DEPARTMENT  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA, MARYLAND 21044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/21/1997</b>	
21		26		4. FEI Number <b>52-2013093</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

**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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEERING, ANTHONY W	1.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, DOUGLAS A	2.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, JEFFREY H	3.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSOLIS, DUKE S	4.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTA, PAUL I JR.	5.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 21044	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINUTOLI, ROBERT	6.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 21044	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state... 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: *Elizabeth A. Hullinger* ELIZABETH A HULLINGER

4/27/99

410-992-6000

Daytime Phone #

CR2E034 (11/98)