

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90062 038 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006095

1. Corporation Name

IPERS CORAL LANDINGS SHOPPING CENTER, INC.

Principal Place of Business
101 CALIFORNIA ST., 26TH FL.
SAN FRANCISCO CA 94111-5853

Mailing Address
101 CALIFORNIA ST., 26TH FL.
SAN FRANCISCO CA 94111-5853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/18/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		94-3286668	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> \$8.75 Additional Fee Required. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, DONALD A JR.			1.2 NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611-1901			1.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGAN, GERALD E			2.2 NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611-1901			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONEHAM, PAMELA S			3.2 NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611-1901			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, JAMES D			4.2 NAME			
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FLOOR			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611-1901			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPUTO, THOMAS A			5.2 NAME	Ferkull, Paula M.		
STREET ADDRESS	55 E. 52ND ST., 31ST FL.			5.3 STREET ADDRESS	875 N. Michigan Ave., 41st Fl.		
CITY-ST-ZIP	NEW YORK NY 10055-3198			5.4 CITY-ST-ZIP	Chicago, IL 60611-1901		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMAV, TRACY L			6.2 NAME			
STREET ADDRESS	101 CALIFORNIA ST., 26TH FL.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853			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: *Paula M. Ferkull* **REQUIRE** **Treasurer/Secretary** 1/6/99 (312) 266-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)