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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

(717) 399-0200

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # K77840 TATE OUTLET MALLS, INC	\		1 118 18 14 8 8 8 8 8 8 1 1 1 1 1 1 1 1	! B.U.H. B.IAN B.IAN B.IAN B.IAN B.IAN H.IAN
Principal Place	of Business	Mailing Address			
		1869 CHARTER LANE			
P.O. BOX 10637		P.O. BOX 10637			
LANCASTER PA 17805-0637 LAN		LANCASTER PA 17805-0637	•	3. Date Incorporated or Qualified	3a. Date of Last Report
				04/04/1989	04/10/1996
2. Principa' Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0115445	Not Applicable \$8.75 Additional
୍ର Suite, Apt i ଧ୍ରୀ	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
4	25		30	Florida Statutes 10. Name and Address of New R	Yes X No
	9. Name and Address of Curr	ent Hegistered Agent	B1 Name	lo. Maine and Address of Hear I	adiatolog vident
	FF, PHILLIP A.				
720 SOUTH ORANGE AVE. SARASOTA FL 34236			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
OAN	NOUIN FL 34230		83		
			84 City		85 Zip Code
					FL T
office or n agent. Lai SIGNATURI	egistered agent, or both, in the Sta m familiar with, and accept the obli- stycatic, typed or per to is and of repaired		uithorized by the corporal orida Statutes. Registered Agent signature requi		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
Till;F	D	DELETE	1.1 TITLE		Change Addition
NAMi	FISHER, DONA L		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS CHY+ST-ZIP	1869 CHARTER LANE LANCASTER PA		1.4 CITY-ST-ZIP		
THE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAM:	FISHER, J. HERBERT		2.2 NAME		
STREET ADDRESS	1869 CHARTER LANE		2.3 STREET ADDRESS		
0(F) - 51 - 7(P)	LANCASTER PA		2. 4 CITY-ST-ZIP		A. Land
114.6		☐ DELETE	3.1 1/TLE		Change Addition
NAM!			3.2 NAME		
STEET ADDRESS			3.3 STREET ADORESS 3.4. City-St-Zip		
City+SC-ZIP TURE		DELETE	4.1 TITLE	A ALIBERTATION CONTROL AND A STATE OF THE ST	Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY ST Z:			4.4 CITY - ST - ZIP		Change Addition
TILF		☐ DELETE	5.1 TITLE		Change
NAMi ONE LA MONE			5.2 NAME		
STREET A IDHESS			5 3 STREET ADDRESS 5 4 CHY-ST-ZIP		
CDV - \$1 - Z ^(a) Till I		DELETE	61 TITLE		Change Addition
BAM.	1		62 NAME		
STREET ADDRESS	<u> </u>		6.3 STREET ADDRESS		
OHY - \$1, 700			6.4 CITY - ST - ZIP		
	or indicated on this angual rapart (ar recontamental annual report is t	rue and accurate and tha	nd in Section 119.07(3)(i), Florida Statu at my signature shall have the same le	dai errect as il made under dain: irial
Lamanz	ifficer or director of the corporation in Block 12 or Block 13 if duanged	cor the receiver or trustee empow	vered to execute this repo	ort as required by Chapter 607, Florida	Statutes; and that my name