


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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21841 (2)
1. Corporation Name
HO. LAKE LAND MALL INVESTMENT CO.

Principal Place of Business
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
1209 ORANGE STREET
WILMINGTON DE 19801-1120



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 36-3478573	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KAUFMAN, BARRY	1.1 TITLE	
NAME	3333 BEVERLY ROAD	1.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DOUGLAS, RONALD P.	2.1 TITLE	
NAME	3333 BEVERLY ROAD	2.2 NAME	
STREET ADDRESS	HOHHMAN ESTATES IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT PETERSON, ALICE M.	3.1 TITLE	
NAME	3333 BEVERLY ROAD	3.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GARNANT, CAROL	4.1 TITLE	
NAME	3333 BEVERLY ROAD	4.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S GRIENENBERGER, WARREN	5.1 TITLE	S
NAME	3333 BEVERLY ROAD	5.2 NAME	PENCE, ROBERT J.
STREET ADDRESS	HOFFMAN ESTATES IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS GRIFFIN, KIMBERLY	6.1 TITLE	
NAME	333 BEVERLY ROAD	6.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: 

4/18/97

CR2E034 (9/96)