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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21841

1. Corporation Name

HO. LAKELAND MALL INVESTMENT CO.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90102 038 ***150.00



Principal Place	e of Business	Mailing Address					***************************************
3333 BEVERLY		3333 BEVERLY RD					
HOFFMAN ESTATES IL 60179 768TAX. 85-220B/B IUS HOFFMAN ESTATES IL 601			70		DO NOT WRITE IN THIS SPACE		
US HOFFMAN ESTATES IL 6017					3. Date Incorporated or Qualifed		
					11/21/1988		•
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					36-3478573		iot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Contiferts of Status Posited \$8.75 Additional		
22		27				Fee R	Required
City & State City & State					6. Election Campaign Financing 55.00 May Be		
23 28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		у	8. This corporation owes the current year Intangible Personal Property Tax Yes		
24	25	29	30		Personal Property Tax.		
<u> </u>	9. Name and Address of Cur	rent Registered Agent	8.	I Name	10. Name and Address of New Registers	a Agent	
רד ר	ORPORATION SYSTEM		l°.	I Name			
1200 S. PINE ISLAND ROAD			8:	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			8:	,			
, ,	TRIIOIT I E 35324		8	3			
			84	4 City		85 Zip	Code
				<u> </u>	poration submits this statement for the purpose ion's board of directors. I hereby accept the app		
SIGNATURE	Signature, typed or printed name of registered		Registered Ag	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	VD OFFICERS	AND DIRECTORS	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICERO	☐ Change	
TITLE	DOUGLAS, RONALD P.	C DEEL IC	1.2 NAME			_ ,	_
NAME OTDEST ADDRESS	3333 BEVERLY ROAD		1	ET ADORESS			
STREET ADDRESS	HOFFMAN ESTATES IL		1.4 CITY-	· · ·			
CITY-ST-ZIP	DT	☐ DELETE	2.1 TITLE			☐ Change	e Addition
NAME	PETERSON, ALICE M.	_	2.2 NAME				
STREET ADDRESS	3333 BEVERLY ROAD			ET ADORESS			
. CITY-ST-ZIP	HOFFMAN ESTATES IL		2. 4 CITY		and the second s		
TITLE	V	☐ DELETE	3.1 TITLE			☐ Change	e ☐ Addition
NAME	GARNANT, CAROL		3.2 NAME				
STREET ADDRESS	3333 BEVERLY ROAD		3.3 STRE	ET ADORESS			
CITY-ST-ZIP	HOFFMAN ESTATES IL		3.4. CITY-	ST-ZIP			
TITLE	S	X DELETE	4.1 TITLE		,	Change	e Addition
NAME	PENCE, ROBERT J		4. 2 NAM	=	ŕ		
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HOFFMAN ESTATES IL		4.4 CITY-	ST-ZIP			
TITLE	AS	☐ DELETE 5.1 TI				Change	e Addition
NAME	GRIFFIN, KIMBERLY		5.2 NAME	Y .			
STREET ADDRESS	333 BEVERLY ROAD	•		ET ADDRESS			
CITY-ST-ZIP	HOFFMAN ESTATES IL		5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	ì		Change	e
NAME			6.2 NAME				
STREET ADDRESS	,		1	ET ADDRESS			
CITY-ST-ZIP	\ \		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:

wisked: Carabe QUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR