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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23889 (9)
1. Corporation Name
ROUSE OFFICE MANAGEMENT OF FLORIDA, INC.



Principal Place of Business Mailing Address
% THE ROUSE COMPANY % THE ROUSE COMPANY
10275 LITTLE PATUXENT PKWY 10275 LITTLE PATUXENT PKWY
COLUMBIA MD 21044 COLUMBIA MD 21044

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1599511	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONAHNE, JEFFREY H	
STREET ADDRESS	10275 LITTLE PATUXENT PARKWAY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, BRUCE I.	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEERING, ANTHONY W	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YUNGMAH, GEORGE L	
STREET ADDRESS	10275 LITTLE PATUXENT PARKWAY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DOUGLAS A.	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SZYMANSKI, JOHN J	
STREET ADDRESS	10275 LITTLE PATUXENT PARKWAY	
CITY-ST-ZIP	COLUMBIA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:

John J. Szymanski

JOHN J. SZYMANSKI, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Date

410-992-6468
Daytime Phone 0008818

CR2E034 (10/97)