


3-20-98 B3517 c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24276** (8)
1. Corporation Name
AMERICAN RETAIL PROPERTIES, INC.

Principal Place of Business C/O AMERICAN RETAIL GROUP INC 1114 AVE OF THE AMERICAS SUITE 2702 NEW YORK NY 10036 US	Mailing Address C/O AMERICAN RETAIL GROUP INC 1114 AVE OF THE AMERICAS SUITE 2702 NEW YORK NY 10036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 1114 Ave of the Americas 27 Suite, Apt. #, etc. 28 28th Floor 29 City & State 30 New York, NY 31 Zip 32 10036 33 Country 34 USA		3. Date Incorporated or Qualified 05/11/1989	4. FEI Number 22-2256839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees				

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	85 Zip Code
				FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNINKMEYER, ROLAND HUGO	1.2 NAME	
STREET ADDRESS	105 WEST SUPERIOR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH MN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNINKMYER, LOUIS	2.2 NAME	
STREET ADDRESS	8251 CROOKED CREEK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, MILES P.	3.2 NAME	BARTLEY J. BREININ
STREET ADDRESS	1114 AVE OF THE AMERICAS SUITE 2702	3.3 STREET ADDRESS	1114 AVE OF THE AMERICAS, 28TH FLOOR
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEX, KENNETH R.	4.2 NAME	
STREET ADDRESS	1114 AVE OF THE AMERICAS SUITE 2702	4.3 STREET ADDRESS	1114 AVE OF THE AMERICAS, 28th FLOOR
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JOHN	5.2 NAME	
STREET ADDRESS	2501 EAST GUASTI ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, JAMES	6.2 NAME	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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.

SIGNATURE: **Bartley J. Breinin - Secretary** 3/2/98 212-704-3000

CR2E034 (10/97)