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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087442 (8)

MILL CREEK MALL GP, INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



200 E. ROBINSON STREET 200 E. ROBINSON STREET **BUITE 1150 SUITE 1150** DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 12/21/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-3218478 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name grosman, kurt e 200 E. ROBINSON STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1150** 83 ORLANDO FL 32801 City 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 titic if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ___ Addition THEISEN, MARK W NAME 1.2 NAME **1005 ORIENTA AVE** STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME THEISEN, ROBERT W 2.2 NAME **1005 ORIENTA AVE** STREET ADDRESS 2.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition GROSMAN, KURT E NAME 3.2 NAME 200 E ROBINSON STREET, SUITE 1150 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-7/P 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 supplience 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 or an attachment with an address KVAS E. GROSTAN