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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000070887**

1. Corporation Name
MARK NEW SMYRNA REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O MARK CENTERS TRUST, 600 THIRD AVENUE, KINGSTON PA 18704
 Mailing Address: C/O MARK CENTERS TRUST, 600 THIRD AVENUE, KINGSTON PA 18704

3. Date Incorporated or Qualified: **08/26/1996**
 4. FEI Number: **23-2863322**
 Applied For: Yes Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 c/o Acadia Realty Trust, 22 20 Soundview Marketplace, Port Washington, NY, 23 11050, 24 USA
 2a. Mailing Address: 26 c/o Acadia Realty Trust, 27 20 Soundview Marketplace, Port Washington, NY, 28 11050, 29 USA

9. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET
SUITE #2
TALLAHASSEE FL 32301

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLOMOWITZ, MARVIN L	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	KINGSTON PA 18704-1679	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, MARVIN L	
STREET ADDRESS	110 EAST 59TH STREET	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHANUS, HARVEY	
STREET ADDRESS	338 STANLEY DRIVE	
CITY-ST-ZIP	KINGSTON PA 18704	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTLE, JOSEPH L II	
STREET ADDRESS	100 MATSONFORD ROAD #250	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONGUA, LAWRENCE J	
STREET ADDRESS	520 MADISON AVENUE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, VINCENT	
STREET ADDRESS	888 16TH STREET NW 7TH FLOOR	
CITY-ST-ZIP	WASHINGTON DC 20006	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ross Dworman	
1.3 STREET ADDRESS	805 Third Ave., 9th Floor	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth F. Bernstein	
2.3 STREET ADDRESS	805 Third Ave., 9th Floor	
2.4 CITY-ST-ZIP	New York, NY 10022	
3.1 TITLE	Sr VP & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Masters	
3.3 STREET ADDRESS	20 Soundview Marketplace	
3.4 CITY-ST-ZIP	Port Washington, NY 11050	
4.1 TITLE	Sr VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Perry Kamerman	
4.3 STREET ADDRESS	20 Soundview Marketplace	
4.4 CITY-ST-ZIP	Port Washington, NY 11050	
5.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jon Grisham	
5.3 STREET ADDRESS	20 Soundview Marketplace	
5.4 CITY-ST-ZIP	Port Washington, NY 11050	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (570) 288-4581

Date Daytime Phone #

Jon Grisham, Asst. Treasurer

CR2E034 (11/98)