

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S33504 (9) 1. Corporation Name CROSS MALL, INC.	Principal Place of Business % GENERAL ELECTRIC CREDIT EQUITIES, INC. 260 LONG RIDGE ROAD STAMFORD CT 06902	Mailing Address DEPT 8109 260 LONG RIDGE RD. STAMFORD CT 06827-1600
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/22/1991	3a. Date of Last Report 04/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 06-1315892	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. 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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PVST <input type="checkbox"/> DELETE NAME DETERDING, JOHN C. STREET ADDRESS 260 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	1.1 TITLE ASST TREAS - TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME GARY J. SCHULMAN 1.3 STREET ADDRESS 260 Long R. Apt 20 1.4 CITY-ST-ZIP Stamford, CT 06902
TITLE VP <input type="checkbox"/> DELETE NAME LUZURIAGA, JAY D STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE VP <input type="checkbox"/> DELETE NAME LINCOLN, BARBARA STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE AT <input type="checkbox"/> DELETE NAME BAILY, CAROLYN STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE AT <input type="checkbox"/> DELETE NAME FIGORE, DOMONIC STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE AT <input type="checkbox"/> DELETE NAME GARZA, OSCAR L STREET ADDRESS 4211 METRO PARKWAY CITY-ST-ZIP FT MYERS FL	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 do 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: Gary J. Schulman GARY J. SCHULMAN 4-27-97 203-357-4544
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)