

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

FILED
May 18 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 # **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 06927-9612**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1991	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 06-1315892	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DETERDING, JOHN C.		1.2 NAME		
STREET ADDRESS	260 LONG RIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUZURIAGA, JAY D		2.2 NAME		
STREET ADDRESS	777 LONG RIDGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LINCOLN, BARBARA		3.2 NAME	Jeffrey L Hyde	
STREET ADDRESS	777 LONG RIDGE ROAD		3.3 STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP	Stamford CT 06927	
TITLE	AT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAILY, CAROLYN		4.2 NAME	Asst Treasurer - Taxes	
STREET ADDRESS	777 LONG RIDGE ROAD		4.3 STREET ADDRESS	John Amato	
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP	777 Long Ridge Road	
TITLE	AT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIORE, DOMONIC		5.2 NAME	Asst Treasurer - Taxes	
STREET ADDRESS	777 LONG RIDGE ROAD		5.3 STREET ADDRESS	Gary J. Schulman	
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP	777 Long Ridge Road	
TITLE	AT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARZA, OSCAR L		6.2 NAME		
STREET ADDRESS	4211 METRO PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		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.

CR2E034 (10/97)