


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

000429

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90037 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28188**  
 1. Corporation Name  
**200 SOUTH BISCAIYNE CORPORATION**

Principal Place of Business <b>305 EAST 47TH STREET NEW YORK NY 10017</b>	Mailing Address <b>305 EAST 47TH STREET NEW YORK NY 10017</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>P.O. Box 7066</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 7066</b> Suite, Apt. #, etc.	4. FEI Number <b>13-3559791</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>TAX Dept.</b> City & State	27 <b>TAX Dept.</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Indianapolis, IN</b> Zip Country	28 <b>Indianapolis, IN</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>46207</b> 25	29 <b>46207</b> 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CCEO	MAUTNER, HANS C. <input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 E. 47TH STREET NEW YORK NY	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Melvin Simon 115 W. Washington St Indianapolis, IN 46204
TITLE SVP	MALONEY, J. M. <input checked="" type="checkbox"/> DELETE	2.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 E. 47TH STREET NEW YORK NY	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Herbert Simon 115 W. Washington St Indianapolis, IN 46204
TITLE TD	JOHNSON, MICHAEL L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 E. 47TH STREET NEW YORK NY	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	David Simon 115 W. Washington St Indianapolis, IN 46204
TITLE S	LYONS, WILLIAM J. <input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 E. 47TH STREET NEW YORK NY	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Richard S. Sokolov 115 W. Washington St. Indianapolis, IN 46204
TITLE P	TICOTIN, MARK S. <input checked="" type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 EAST 47TH STREET NEW YORK NY 10017	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	James m. Barkley 115 W. Washington St. Indianapolis, IN 46204
TITLE VPGC	ROLFE, HAROLD E. <input checked="" type="checkbox"/> DELETE	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	305 EAST 47TH ST NEW YORK NY 10017	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Stephen E. Sterrett 115 W. Washington St. Indianapolis, IN 46204

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 1-8-99 317-636-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)