


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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 237284 (5) 1. Corporation Name SARAMAAS REALTY CORP.					
Principal Place of Business C/O FEDERATED DEPT STORES INC. 7 WEST 7TH STREET CINCINNATI OH 45202			Mailing Address C/O FEDERATED DEPT STORES INC. 7 WEST 7TH STREET CINCINNATI OH 45202		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 c/o Federated Corporate Services, Inc. 27 7 West 7th Street 28 Cincinnati, OH 29 45202 30 USA		
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODERICK, DENNIS J.		1.2 NAME	Stewart, Gwyneth G.	
STREET ADDRESS	7 WEST 7TH ST.		1.3 STREET ADDRESS	7 West 7th St.	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP	Cincinnati, OH	
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, JOHN R.		2.2 NAME	Zavatsky, Kathleen H.	
STREET ADDRESS	7 WEST 7TH ST.		2.3 STREET ADDRESS	7 West 7th St.	
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP	Cincinnati, OH	
TITLE	TAS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGUET, KAREN M.		3.2 NAME		
STREET ADDRESS	7 WEST 7TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPELT, ROBERT, C		4.2 NAME		
STREET ADDRESS	7 WEST 7TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIERMAIER, KLAUS		5.2 NAME		
STREET ADDRESS	7 WEST 7TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JACK B		6.2 NAME		
STREET ADDRESS	7 WEST 7TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1960	
4. FEI Number 13-6105348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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CITY-ST-ZIP	CINCINNATI OH		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.

SIGNATURE: Jack B. Cox, Asst. Secy. 2/16/98 513-579-7311

CR2E034 (10/97)