

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13014

(6)

1. Corporation Name

BFC REAL ESTATE COMPANY



Principal Place of Business

C/O FEDERATED DEPARTMENT STORES, INC.
7 WEST 7TH STREET
CINCINNATI OH 45202

Mailing Address

C/O FEDERATED DEPARTMENT STORES, INC.
7 WEST 7TH STREET
CINCINNATI OH 45202-2424

3. Date Incorporated or Qualified

01/27/1987

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

51-0297102

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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

Signature type or typed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODERICK, DENNIS J.	
STREET ADDRESS	C/O 7 WEST 7TH STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SIMS, JOHN R.	
STREET ADDRESS	7 WEST 7TH ST.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COX, JACK B.	
STREET ADDRESS	C/O 7 WEST 7TH STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEPPELT, ROBERT C.	
STREET ADDRESS	C/O 7 WEST 7TH STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	HOGUET, KAREN M	
STREET ADDRESS	C/O 7 WEST 7TH STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZIERMAIER, KLAUS	
STREET ADDRESS	C/O 7 WEST 7TH STREET	
CITY- ST- ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nay, Gary	
1.3 STREET ADDRESS	7 West 7th Street	
1.4 CITY- ST- ZIP	Cincinnati, OH	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tysoe, Ronald	
2.3 STREET ADDRESS	7 West 7th Street	
2.4 CITY- ST- ZIP	Cincinnati, OH	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stewart, Gwyneth	
3.3 STREET ADDRESS	7 West 7th Street	
3.4 CITY- ST- ZIP	Cincinnati, OH	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zavatsky, Kathleen	
4.3 STREET ADDRESS	7 West 7th Street	
4.4 CITY- ST- ZIP	Cincinnati, OH	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
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:

Jack B. Cox

Jack B. Cox, Assistant Secretary

2/11/97

513-579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0478629

CR2E034 (9/96)