

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90261 003 *1,800.00

DOCUMENT # P13014

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 CORPORATE SERVICE, INC
7 WEST 7TH STREET
CINCINNATI OH 45202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BRODERICK, DENNIS J.**
STREET ADDRESS **C/O 7 WEST 7TH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE

NAME **VSD
SIMS, JOHN R.**
STREET ADDRESS **7 WEST 7TH ST.**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE

NAME **AS
COX, JACK B.**
STREET ADDRESS **C/O 7 WEST 7TH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☒ DELETE

NAME **V
SEPPELT, ROBERT C.**
STREET ADDRESS **C/O 7 WEST 7TH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE

NAME **TAS
HOGUET, KAREN M**
STREET ADDRESS **C/O 7 WEST 7TH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE

NAME **AS
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 ☐ Change ☒ Addition

1.2 NAME **V
Neal J. Glueck**
1.3 STREET ADDRESS **7 West 7th Street**
1.4 CITY-ST-ZIP **Cincinnati, Ohio 45202**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V
Gary J. Nay**
2.3 STREET ADDRESS **7 West 7th Street**
2.4 CITY-ST-ZIP **Cincinnati, Ohio 45202**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V
Ronald W. Tysoe**
3.3 STREET ADDRESS **7 West 7th Street**
3.4 CITY-ST-ZIP **Cincinnati, Ohio 45202**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **AS
Gwyneth G. Stewart**
4.3 STREET ADDRESS **7 West 7th Street**
4.4 CITY-ST-ZIP **Cincinnati, Ohio 45202**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **AS
Kathleen Zavatsky**
5.3 STREET ADDRESS **7 West 7th Street**
5.4 CITY-ST-ZIP **Cincinnati, Ohio 45202**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Cox
Assistant Secretary

1/25/99

Date

(513) 579-7311

Daytime Phone #

0524719

CR2E034 (1/98)