


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
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DOCUMENT # P20088 (1)
 1. Corporation Name
BURDINE'S REAL ESTATE, INC.



Principal Place of Business 22 EAST FLAGLER STREET MIAMI FL 33131-1004	Mailing Address % FEDERATED DEPARTMENT STORES, INC 7 W 7TH STREET CINCINNATI OH 45202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 07/18/1988	
21 22 23 24		25 26 27 28		4. FEI Number 31-1241501	
21 22 23 24		25 26 27 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21 22 23 24		25 26 27 28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
21 22 23 24		25 26 27 28		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 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			
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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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEWART, GWYNETH			1.2 NAME	Nay, Gary J.		
STREET ADDRESS	7 W. SEVENTH STREET			1.3 STREET ADDRESS	7 W. Seventh Street		
CITY-ST-ZIP	CINCINNATI OH			1.4 CITY-ST-ZIP	Cincinnati, OH		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEPPELT, ROBERT C.			2.2 NAME	Cox, Jack B.		
STREET ADDRESS	7 WEST SEVENTH STREET			2.3 STREET ADDRESS	7 W. Seventh Street		
CITY-ST-ZIP	CINCINNATI OH			2.4 CITY-ST-ZIP	Cincinnati, OH		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRODERICK, DENNIS J.			3.2 NAME	Zavatsky, Kathleen H.		
STREET ADDRESS	7 WEST SEVENTH STREET			3.3 STREET ADDRESS	7 W. Seventh Street		
CITY-ST-ZIP	CINCINNATI OH			3.4 CITY-ST-ZIP	Cincinnati, OH		
TITLE	VSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, JOHN R			4.2 NAME			
STREET ADDRESS	7 WEST SEVENTH STREET			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 SEVENTH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			5.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGUET, KAREN M			6.2 NAME			
STREET ADDRESS	7 WEST SEVENTH STREET			6.3 STREET ADDRESS			
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

Jack B. Cox, Asst. Secy.

2/16/98 513-579-7311

CR2E034 (10/97)