

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 379742 (0)

1. Corporation Name

PV RETAIL PROPERTIES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 23627
JACKSONVILLE FL 32241-3627
US

P.O. BOX 23627
JACKSONVILLE FL 32241-3627
US

3. Date Incorporated or Qualified

04/01/1971

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID M.
1300 RIVERPLACE BLVD
JACKSONVILLE FL 32207

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

(Initial) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, KENNETH P.
STREET ADDRESS 9540 STATE ROAD 13
CITY-STATE-ZIP JACKSONVILLE, FL 00000

DELETE

TITLE D
NAME SMITH, P. JEREMY JR.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-STATE-ZIP JACKSONVILLE, FL 00000

DELETE

TITLE VD
NAME LUKE, JOSEPH C
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-STATE-ZIP JACKSONVILLE, FL 00000

DELETE

TITLE TAS
NAME GLAVIN, THOMAS M.
STREET ADDRESS 9540 SAN JOSE BLVD.
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE D
NAME FOSTER, DAVID M
STREET ADDRESS 1300 RIVERPLACE BLVD
CITY-STATE-ZIP JACKSONVILLE, FL 00000

DELETE

TITLE VS
NAME LUEDERS, JACK C.JR.
STREET ADDRESS 9540 SAN JOSE BLVD.
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.96 (904)448-3033

Date

Telephone

CR2E034 (12/95)