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Apr 04 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 # 379742 (0)

1. Corporation Name  
PV RETAIL PROPERTIES, INC.

Principal Place of Business  
P.O. BOX 23627  
JACKSONVILLE FL 32241-3627  
US

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

3. Date Incorporated or Qualified 04/01/1971	3a. Date of Last Report 04/15/1996
4. FEI Number 59-1346441	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

FOSTER, DAVID M.  
1300 RIVERPLACE BLVD  
JACKSONVILLE FL 32207

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 of president or principal officer 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	1.1 TITLE	AS
NAME	WILSON, KENNETH P.	1.2 NAME	Anderson, Anthony
STREET ADDRESS	9540 STATE ROAD 13	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SMITH, P. JEREMY JR.	2.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	LUKE, JOSEPH C	3.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TAS	4.1 TITLE	
NAME	GLAVIN, THOMAS M.	4.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	FOSTER, DAVID M	5.2 NAME	
STREET ADDRESS	1300 RIVERPLACE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	
NAME	LUEDERS, JACK C.JR.	6.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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: Thomas M. Glavin  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97  
Date

904.448.3033  
Daytime Phone #

0038076

CR2E034 (9/96)