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1997 JUL 11 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000060640 (5)

1. Corporation Name
RETAIL VENTURES ORLANDO INC.

Principal Place of Business
12663-C METRO PARKWAY
FT MYERS FL 33912

Mailing Address
12663-C METRO PARKWAY
FT MYERS FL 33912-1334

3. Date Incorporated or Qualified: 07/19/1996

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0691030 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
BARKER, R S
12699 NEW BRITTANY BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name: YOUNGQUIST, TIMOTHY
82 Street Address (P.O. Box Number is Not Acceptable): 15465 Pine Ridge Rd.
83
84 City: Ft. Myers FL 85 Zip Code: 33908

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 Officer or Director of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PSD ☑ Change ☐ Addition
NAME	YOUNGQUIST, TIMOTHY	1.2 NAME	YOUNGQUIST, TIMOTHY
STREET ADDRESS	15465 PINE RIDGE ROAD	1.3 STREET ADDRESS	15465 Pine Ridge Rd.
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D ☐ DELETE	2.1 TITLE	VTD ☑ Change ☐ Addition
NAME	YOUNGQUIST, HARVEY	2.2 NAME	YOUNGQUIST, HARVEY
STREET ADDRESS	15465 PINE RIDGE ROAD	2.3 STREET ADDRESS	15465 Pine Ridge Rd.
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	Ft. Myers, FL. 33908
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	000002242950--0
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-07/21/97--01095--012
TITLE	☐ DELETE	4.1 TITLE	****165.00 ☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DB 7-16-97

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

CR2E034 (9/96)