


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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V19856 (6)
1. Corporation Name
RETAIL VENTURES II, INC.



Principal Place of Business 12663-C METRO PARKWAY C FT MYERS FL 33912	Mailing Address 15465 PINE RIDGE ROAD FORT MYERS FL 33908-2630
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3111330	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent YOUNGQUIST, TIMOTHY 15465 PINE RIDGE ROAD FT MYERS FL 33907		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PSD
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	VP/D	2.1 TITLE	
NAME	YOUNGQUIST, TIMOTHY	2.2 NAME	
STREET ADDRESS	15465 PINE RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VTD
NAME	YOUNGQUIST, HARVEY	3.2 NAME	YOUNGQUIST, HARVEY
STREET ADDRESS	15465 PINE RIDGE ROAD	3.3 STREET ADDRESS	15465 Pine Ridge Rd
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CR2E034 (9/96)