

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 # V19857 (4)
 1. Corporation Name
P.B. OUTFITTERS INC.



Principal Place of Business 3101 PGA BLVD. #F115 PALM BEACH GARDENS FL 33410	Mailing Address 15465 PINE RIDGE ROAD FT. MYERS FL 33908-2630
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3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3111331	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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
YOUNGQUIST, TIMOTHY
15465 PINE RIDGE ROAD
FT MYERS FL 33908

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

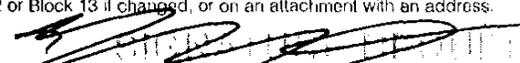
12. OFFICERS AND DIRECTORS

TITLE	P/P	<input type="checkbox"/> DELETE
NAME	YOUNGQUIST, TIMOTHY	
STREET ADDRESS	15465 PINE RIDGE RD.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	YOUNGQUIST, TIMOTHY	
STREET ADDRESS	15465 PINE RIDGE RD.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGQUIST, HARVEY	
STREET ADDRESS	15465 PINE RIDGE RD.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOUNGQUIST, TIMOTHY	
1.3 STREET ADDRESS	15465 PINE RIDGE RD.	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33908	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YOUNGQUIST, HARVEY	
2.3 STREET ADDRESS	15465 PINE RIDGE RD	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33908	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **TIMOTHY YOUNGQUIST 4/30/97 941-489-4114**

CR2E034 (9/96)