

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 325426 (5)
 1. Corporation Name
SEMINOLE GARDENS APARTMENT NO 17-F, INC.



Principal Place of Business 8330 112TH ST. N. SEMINOLE FL 33772 US	Mailing Address 8330 112TH ST. N. SEMINOLE FL 34642 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1968	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1235140	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip 33772	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CASTLES, ROBERT G
8330 112TH ST N
SEMINOLE FL 33772

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	NAME REID, EARL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	1.2 NAME	
TITLE ASAT	NAME ARNOLD LJA	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE V	NAME MOCZ, ALEX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	2.2 NAME ARNOLD OJA	
TITLE P	NAME REESE, DOROTHY	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE ST	NAME ZUMSTEG, MARJORIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	3.2 NAME	
TITLE P	NAME REESE, DOROTHY	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE P	NAME REESE, DOROTHY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	4.2 NAME	
TITLE P	NAME REESE, DOROTHY	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE P	NAME REESE, DOROTHY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	5.2 NAME	
TITLE P	NAME REESE, DOROTHY	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE P	NAME REESE, DOROTHY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	6.2 NAME	
TITLE P	NAME REESE, DOROTHY	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8330 112 ST N	CITY-ST-ZIP SEMINOLE, FL 00000	6.4 CITY-ST-ZIP	

14. I 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: Dorothy H. Reese Date: 3/10/98 Daytime Phone #: 813/393-7102

CR2E034 (10/97)