

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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

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

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1968</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1235140</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip <b>33772</b>	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>CASTLES, ROBERT G 8330 112TH ST N SEMINOLE FL 33772</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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.					

**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	<b>FL</b> 85. Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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