

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

0420870

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90018 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 325426
 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 33772 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/19/1968	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1235140	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	REID, EARL
STREET ADDRESS	8330 112 ST N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	ASAT <input type="checkbox"/> DELETE
NAME	OJA, ARNOLD
STREET ADDRESS	8330 112 ST N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	MOCZ, ALEX
STREET ADDRESS	8330 112 ST N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	REESE, DOROTHY
STREET ADDRESS	8330 112 ST N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	ZUMSTEG, MARJORIE
STREET ADDRESS	8330 112 ST N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOLONEY, KEVIN
1.3 STREET ADDRESS	8330 112th ST. N.
1.4 CITY-ST-ZIP	SEMINOLE, FL 33772
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Dorothy H. Reese Dorothy 3/4/99 727/393-7502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
H. Reese

CR2E034 (11/98)