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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400060037 (6)

17TH STREET APARTMENTS, INC.

FILED Apr 15 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Addre	ess			T TOBECHER THE NATIONAL BRIND BOWN ABOUT BRIND BOWN BEING BOWN BRIND HORSE			
201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602		P.O. BOX 3433 TAMPA FL 33601-3433 US							
US						3. Date Incorporated or Qualified		of Last Report //1996	
· ·	lace of Business	2a. Mailing Ac	idress			4, FEI Number		Applied For	
21		26		<del></del>		59-3271435	<del></del>	Not Applicable	
Suite, Apt	#, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired		Additional	
22 City & State	0	27 City & Stat	le			Election Campaign Financing		Required	
23		28				Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Zip		Country	,	8. This corporation has liability for	71000		
24	25	29	30	5]		Florida Statutes	Yes 🗌 No		
	9. Name and Address of Curre	ent Registered Agen	ıt			10. Name and Address of New Fe	gistered Agent		
SZA	ABO, STEPHEN J III			81	Name				
201 N. FRANKLIN ST.					Street A	et Address (P.O. Box Number is Not Acceptable)			
SUI	TE 2100			82					
TAN	MPA FL 33602			63					
				84	City		85 Zi	p Code	
								•	
office of r	registered agent, or both, in the Statement the obline the comment of the control	te of Florida. Such ch	iande was auti	horized by	/ the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing of the appointment a	its registered as registered	
SIGNATURE			******		,				
12.	Signalize typed or printed name of registered a	gent and title II applicable.  ND DIRECTORS	(NOTE FI	egistered Age	ont signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	NDO 101.40	
TITLE	VP		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change		
NAME	SZABO, PAMELA W.			1.2 NAME	ľ		CL Outside	, Li Additivi	
STREET ADDRESS	12108 CYPRESS HOLLOW P	N ACE	į	1.3 STREET	ADDRESS				
CITY-SI-ZIP	TAMPA FL 33624	)							
TITLE	VP SSUCS	<b>'</b>	DELETE	1.4 CITY-5 2.1 TITLE	1-21	4.5	☐ Change	Addition	
NAMÉ	SZABO, JACKIE R.		<b>\</b>	2.2 NAME		f, D 5 tephen J. Szabo 16201 Avila Bivd			
STREET ADDRESS	14508 ANCHORET RD			2.3 STREET	ADDRESS	16201 Aula Alud			
City-S1-ZiP	TAMPA FL			2. 4 CITY-	T-7IP	Tampa, FL 33613			
TillE	VP	<b>V</b>	DELETE	3.1 TITLE	,, <u>-,,</u>	S/D	☐ Change	Addition	
NAME	SZABO, CHRISTINA	^		3.2 NAME		· ·	,,, <u></u>	/	
STREET ADDRESS	1715 MONROE STREET			3.3 STREET	ADDRESS	Jeanette M. 524bo			
CITY+ST-ZIP	FT. MYERS FL			3.4. CITY-5		1340 16701 Avila Blud		_	
DILE	VD		DELETE	4.1 TITLE			Change	OModition	
NAME	SZABO, DOUGLAS B			4.2 NAME	ļ			(X)	
STREET ADDRESS	1715 MONROE ST.			4.3 STREET	ADDRESS			~ \ <i>X</i> ()	
CITY - ST - 7IP	FT. MYERS FL			4.4 CITY-S				71	
10LE	VD		DELETE	5.1 TITLE	·····	40000214	al al allange	Addition	
NAME	SZABO, STEPHEN J III			5.2 NAME	ļ	40000214 -04/16/970100	04049		
STREET ADDRESS	12108 CYPRESS HOLLOW P	LACE		5 3 STREET	ADDRESS	***165.00			
CITY-S1-ZiF	TAMPA FL (33624)	)		54 CITY-S	T-ZIP				
TITLE		Ġ.	DELETE	,6 1 TITLE		T, D	Change	Addition	
NAME				62 NAME	I	Mark A. Sacha		^	
STREET ADDRESS				63 STREET	ADDRESS	Mark A. Szabo 14508 Anchoret Rd Tampa if C 33624			
CITY-ST-ZIP				64 Crty - S		Tampa (FC 33624)			
14 Ldo heret	by cartify that the information curreli	ad with this filing dos	e not qualify fo	or the eve	motion et	ated in Section 119 07/21/i) Florida Statuto	. I formbon opetit . st.	- 1 44	

4. I do nereby certify that the information supplied with this filing does not quality 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:

MATURAN THE POR PRINTED NAME OF SIGNAL DESIGNAD DESIGNAD THE PRINTED NAME OF SIGNAL DESIGNAD DESIGNADOR DESIGNA

4/4/37

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