

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000060037 1. Entity Name 17TH STREET APARTMENTS, INC.	
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Principal Place of Business 16201 AVILA BLVD TAMPA, FL 33613 US	Mailing Address 16201 AVILA BLVD TAMPA, FL 33613 US
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02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3271435	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SZABO, STEPHEN J II
100 N. TAMPA ST
SUITE 2700
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000090439
03/17/04-80017-024 150.00

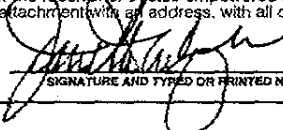
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZABO, STEPHEN J 16201 AVILA BLVD. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SZABO, JEANETTE M 16201 AVILA BLVD. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZABO, DOUGLAS B 1715 MONROE ST. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SZABO, MARK A 14508 ANCHORET RD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **JEANETTE M. SZABO, Secy.** 3/14/04 813-963-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #