

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 320041 (7)
1. Corporation Name
SEMINOLE GARDENS APARTMENT NO. 16-D, INC

Principal Place of Business
8330 112TH ST. N.
SEMINOLE FL 34842

Mailing Address
8330 112TH ST. N.
SEMINOLE FL 33772-4207

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33772	29 Country
25	30 Country

3. Date Incorporated or Qualified 08/16/1967	3a. Date of Last Report 04/15/1996
4. FEI Number 59-1207016	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASTLES, ROBERT G 8330 112 TH ST NORTH SEMINOLE FL 34842		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code 33772

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HALKER, PETER	1.2 NAME	
STREET ADDRESS	8330 112TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ASAT
NAME	CHRISTENSEN, RUTH	2.2 NAME	
STREET ADDRESS	8330 112TH ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	JOHNSON, FRANCES	3.2 NAME	
STREET ADDRESS	8330 112TH ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ASAT	4.1 TITLE	ST
NAME	KRAIKER, RUTH	4.2 NAME	
STREET ADDRESS	8330 112TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	TUNE, ROBERT	5.2 NAME	
STREET ADDRESS	8330 112TH ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Ruth Kraiker

Ruth Kraiker

3/11/97 8:13/97-7132

CR2E034 (9/96)