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

**PROFIT CORPORATION ANNUAL REPORT** 

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Change

■ Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name H17368

(2)

## SEVENTEENTH STREET PLAZA CORPORATION

Principal Place of Business Mailing Address						T MERST GENET MENT FANT	
5100 87TH ST 8RADENTON US		5100 87TH ST. E. Bradenton FL 34202 US	RADENTON FL 34202		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
			·····	<del></del>	08/20/1984		
<b></b>		2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		59-2437839	Not Applicable	
<b>⊢</b> ` ` ` ` ` `		27	<del> </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State City &		City & State	ity & State		6. Election Campaign Financing	\$5.00 May Be	
23	28			Trust Fund Contribution	Added to Fees		
Zip			Country		8. This corporation owes or has paid the curren		
24	25 29 30		30		Personal Property Tax due June 30. 🔲 Yes 🔲 No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent	
HOGAN, PATRICK				Name			
5100 87TH ST. E.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34202							
			83			•	
				City		85 Zip Code	
					FL [		
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, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent 8					red whon reinstaling) DATE		
12.			13.				
TITLE			1.1 TITLE			Change Addition	
NAME	T.1		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS	•		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	• 100 01 11 01 01 01 <u></u>		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	I			
CITY-ST-ZIP		britte	3.4. CITY-	ST-ZIP		Change   144tit	
TITLE		☐ DELETE	4.1 TITLE		L	Change	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	.			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5	ST- ZIP	T T	Change	
1 11/LC		□ NUCLE	■ 2.1 HHLL			A ALIBRING THE LANGUIST	

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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP