SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060037 (6)**

1. Corporation Name
17TH STREET APARTMENTS, INC.

Principal Place of Business	Mailing Address
201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602 US	P.O. BOX 3433 TAMPA FL 33601 US

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 02/16/1995
4. FEI Number: 59-3271435 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

SZABO, STEPHEN J III
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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 reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SZABO, STEPHEN J		1.2 NAME	Pamela W. Szabo	
STREET ADDRESS	16201 AVILA BLVD.		1.3 STREET ADDRESS	12108 Cypress Hollow Place	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE	VSD	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SZABO, JEANETTE M		2.2 NAME	Jackie R. Szabo	
STREET ADDRESS	16201 AVILA BLVD.		2.3 STREET ADDRESS	14508 Anchoret Rd	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE	VTD	☐ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SZABO, MARK A		3.2 NAME	Cristina Szabo	
STREET ADDRESS	~~10512 LAKESHORE RD.~~ 14508 Anchoret Rd		3.3 STREET ADDRESS	1715 Monroe St	
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP	Ft Myers FL	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, DOUGLAS B		4.2 NAME		
STREET ADDRESS	1715 MONROE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, STEPHEN J III		5.2 NAME		
STREET ADDRESS	12108 CYPRESS HOLLOW PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8/3/96 813 202-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010816 CR