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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 273913
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA FL
Zip 24 / Country 25	Zip 29 33688-3913 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SZABO, STEPHEN J III 201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, PAMELA W.		1.2 NAME		
STREET ADDRESS	12108 CYPRESS HOLLOW PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, STEPHEN J		2.2 NAME		
STREET ADDRESS	16201 AVILA BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, JEANETTE M		3.2 NAME		
STREET ADDRESS	16201 AVILA BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		3.4 CITY-ST-ZIP		
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 33624		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SZABO, MARK A		6.2 NAME		
STREET ADDRESS	14508 ANCHORET RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: x Stephen Szabo Vice President 3/31/98 813-202-1329