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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90158 007 ***300.00

DOCUMENT # DOCOCO102224

Principal Place of Business 1701 NNTH STREET NORTH ST. PETERSBURG FL 33701 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 12/20/1996 4. FEI Number 59-3420851 50. Certificate of Status Desired Fee Required Fe	1. Corporation Name SEVENTEENT		TION						
ST. PETERSBURG FL 33701 ST. Details in This St. St. Peters of Status Desired Status Desi	Principal Place of Bu	siness	Mailing Address					181 11911 09191	7
2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Amailing Address 3. Applied For 59-3420851. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additions fee Required \$						DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		,					12/20/1996		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State Status Desired See Required	2. Principal Place of	Business	2a. Mailing Address					Applied For	
22 City & State	21		26		موس س	59-3420851		Not Applicable	
City & State 28			— ' ' ' '				5. Certifcate of Status Desired	J \$	• • • • • • • • • • • • • • • • • • • •
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No Personal Property T							6 Election Campaign Financing —		\$5.00 May Be
Zip Country Zip Country Zip Country Age of Country Sip						Į		i	•
9. Name and Address of Current Registered Agent BURGUIERES, ROBERT E 1701 9TH ST N ST PETE FL 33704 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 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 title if applicable. (NOTE: Registered Agent signature required when remstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Zip	, mmm	Zip	_	try				
BURGUIERES, ROBERT E 1701 9TH ST N ST PETE FL 33704 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Statutes Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code Changing its registered agent for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 11. TITLE 85 Zip Code Changing its registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS IN 12. Change Additional Change Additiona	[- ·]					i		stered Age	ent
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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 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 title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D Change Additional C	1			8	33				
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S IN 12 ☐ Addition 1701 NINTH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 suppliemental 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUIRED URE AND TYPED OR PRINTED NAME OF SIGNING CEFICER OR DIRECTOR

CR2E034 (11/98)