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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

(8)

SARASOTA SEVENTEENTH INVESTMENTS. INC.

Principal Place of Business Mading Address 5900 ENTERPRISE PARKWAY 5900 ENTERPRISE PARKWAY FT MYERS FL 33905 FT MYERS FL 33905 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1992 04/27/1995 4. FEI Number **Applied For** 2. Principal Place of Business 2a. Mailing Address 65-0387816 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ΓΊ Trust Fund Contribution 28 Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip $Z_{\rm P}$ Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Mame BUNDSCHU, CHRIS Street Address (P.O. Box Number is Not Acceptable) 82 **5900 ENTERPRISE PKWY** 83 FORT MYERS FL 33905 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE the Food-term Agent signatures Signature typed or per bedinance, of registered age, travel she flancocaries ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Š Change Addition PTD DELETE 1 1 T I I F TITLE CR2E034 **BUNDSCHU, CHRIS** 1.2 NAME NAME 5900 ENTERPRISE PKWY 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 14 CITY - S1 - 7-P CITY - ST - ZIP Change ☐ Addition DE; ETE 2 1111,6 TiTLE BUNDSCHU, CHARLES C JR 2.2 NAME NAME 8510 GRANITE CT. 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33908 2 4 CI I Y - ST - ZIP CITY - ST - ZIP ☐ Change Addition TITL€ DELETE 3 1 TITUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CHTY ST-ZIF Change DELETE Addition 4 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET AUCRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ☐ Change ■ Addition □ DELETE 5 1 THE DILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - \$1 - ZiP CITY-ST-ZIP DELETE Addition TITLE 6 1 HOLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplientental 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 changed, or on an attachment

6.4 CITY ST ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNIN