FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED / FILED

95 MAY -1 AM 10:03

TALLAHASSEE, FLORIDA

DOCUMENT # V35074 (6)

1. Corporate Name
17 CORPORATION

Principal Place of Business
P.O. BOX 735
HOMESTEAD FL 33090

Mailing Address
P.O. BOX 735
HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business	2a. Mailing Address	
21 34 NW 9 Ave	26 34 NW 9 Ave	4. FEI Number: 65-0429532 — Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23 Homestead FL	City & State 28 Homestead FL	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip 24 33030 — Country 25 USA	Zip 29 33030 — Country 30 USA	8. The corporation has liability for intangible tax under ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GROSSMAN, MARK D.
1390 S DIXIE HWY
SUITE 2109
CORAL GABLES FL 33146

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: LANSFORD, WILLIAM
STREET ADDRESS: P.O. BOX 735 N/A
CITY-ST-ZIP: HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

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)(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: William R. Lansford, Secretary — 4-28-95 (305) 246-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0426656 FP