## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500006080 (4)

PEARL PLAZA MINI STORAGE, INC.

## **FILED** May 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                                      |                                   |                                  |           |              | . 1001100 1110 10101 01111 00111 00111 00111 00111                                       |              | 1910 <b>92</b> 0 1 <b>75</b> 0 |
|---|--------------------------------------|-----------------------------------|----------------------------------|-----------|--------------|--|--------------|--------------------------------|
| 6750 BROOKPARK RD. 6750 BROOKPARK RD. CLEVELAND OH 44129 CLEVELAND OH 44129   |                                      |                                   |                                  |           |              |  |              |                                |
| OCCUPANTO (   | лі 44160                             | OLEVELAND ON 44120                | OFFACINITY OU 44159              |           |              | DO NOT WRITE IN THIS SPACE   |              |                                |
|   |                                      |                                   |                                  |           |              | 3. Date Incorporated or Qualified  |              |                                |
| 9 Principal Pi  | ace of Business                      | 2a. Mailing Address               | * .                              |           | <del>,</del> | 12/14/1995<br>4. FEI Number  |              | Applied For                    |
| 21 Principal F  | IGCA OI DOQUAR22                     | 26. Matang Address                |                                  |           |              | 34-1717253   |              | Applied For<br>Not Applicable  |
| Sulte, Apt.   | #, etc.                              | Suite, Apt. #, etc.               |                                  |           |              |  | \$8.7        | 5 Additional                   |
| 22  |                                      | 27                                | 27                               |           |              | 5. Certificate of Status Desired Fee Required  |              |                                |
| City & State  | 9                                    | City & State                      | City & State                     |           |              | 6. Election Campaign Financing \$5.00 May Be   |              |                                |
| 23  |                                      | 28                                |                                  |           |              | Trust Fund Contribution Added to Fees  |              |                                |
| Zip   | Country                              | Zip                               | <u> </u>                         | ntry      |              | 8. This corporation owes or has paid the   |              |                                |
| 24  | 25]<br>9. Name and Address of Curre  | 29 ent Registered Agent           | 30                               | -         |              | Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent |              |                                |
| HO  | HMANN, WILLIAM                       |                                   |                                  | 81        | Name         |  |              |                                |
| 3456 OSLO ROAD  |                                      |                                   |                                  | 82        | Stroot Adde  | ress (P.O. Box Number is Not Acceptable)   |              |                                |
|   | RO BEACH FL 32968                    |                                   |                                  | 62        | Sheet Addi   | cress (F.O. Box Number is Not Acceptable)  |              |                                |
|   |                                      |                                   |                                  | 83        |              |  |              |                                |
|   |                                      |                                   |                                  | 84        | Cily         | F  | 85 Z         | ip Code                        |
| 11. Pursuant I  | to the provisions of Sections 607.05 | 502 and 607,1508, Florida Stat    | utes, the al                     |           | e-named corp | poration submits this statement for the purpose  | of changin   | g its registered               |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signisture, typind or printed name of regulated agest and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |                                      |                                   |                                  |           |              |  |              |                                |
| 12.   |                                      | ND DIRECTORS                      | 13.                              |           |              | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECT    | ORS IN 12                      |
| TITLE   |                                      |                                   | 1.1 TI                           | 1.1 TITLE |              |  | Chang        | e Addition                     |
| NAME  | TROICKY, GEORGE                      |                                   | 1.2 N/                           | 1.2 NAME  |              |  |              | ;                              |
| STREET ADDRESS  | 6750 BROOKPARK RD.                   |                                   | 1.3 STR                          |           | ADDRESS      |  |              | lj.                            |
| CITY-ST-ZIP   | CLEVELAND OH 44129                   |                                   | 1.4 CITY - ST - ZIP              |           | T - ZIP      |  |              |                                |
| TITLE   |                                      | ☐ DELETE                          |                                  | 2.1 TiTLE |              |  |              | e LAddition !                  |
| NAME  |                                      |                                   | 2.2 NA                           |           |              |  |              | 1                              |
| STREET ADDRESS  |                                      |                                   |                                  |           | ADDRESS      |  |              |                                |
| CITY-ST-ZIP<br>TITLE  |                                      | DELETE                            | 2 4 CITY - ST - ZIP<br>3.1 TITLE |           | 51 - ZIP     |  | Chang        | e Addition                     |
| NAME  |                                      |                                   | 3.2 NAME                         |           |              |  |              |                                |
| STREET ADDRESS  |                                      |                                   |                                  |           | ADDRESS      |  |              |                                |
| CITY-ST-ZIP   |                                      |                                   | 3.4. C                           | ITY-S     | IT-ZIP       |  |              |                                |
| TITLE   |                                      | DELETE 4.11                       |                                  | TLE       |              |  | Chang        | e Addition                     |
| NAME  |                                      |                                   | 4. 2 N                           | AME       |              |  |              |                                |
| STREET ADDRESS  |                                      |                                   | 4.3 ST                           | REET.     | ADDRESS      |  |              |                                |
| CITY-ST-ZIP   |                                      |                                   | 4.4 CI                           | TY - \$1  | T-21P        |  |              |                                |
| TITLE   |                                      | ☐ DELE <b>TE</b>                  | 5.1 Ti                           | 5.1 TITLE |              |  | Chang        | je [] Addition                 |
| NAME  |                                      |                                   | 5.2 N/                           |           |              |  |              |                                |
| STREET ADDRESS  |                                      |                                   |                                  |           | ADDRESS      |  |              |                                |
| CITY-ST-ZIP   |                                      | T priese                          | 5.4 CI                           |           | T-ZIP        |  | 7 1 05       | A Adapta                       |
| TITLE   | (                                    | ☐ DELETE                          | 6.1 T(                           |           |              |  | Chang        | e 🔲 Addition                   |
| NAME  | :                                    |                                   | 6.2 N/                           |           |              |  |              |                                |
| STREET ADDRESS  | :                                    |                                   |                                  |           | ADDRESS      |  |              |                                |
| CITY-ST-ZIP   | ertify that the information supplied | with this filing does not qualify | for the exe                      |           |              | 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 coath; that I am an officer or director of the corporation of 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, in on an attachment with an address.