

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J65729 (2)

1. Corporation Name
SOUTHERN STORAGE, INC.



Principal Place of Business
**300 WEST 10TH STREET
PO BOX 9818
RIVIERA BEACH FL 33419**

Mailing Address
**300 WEST 10TH STREET
PO BOX 9818
RIVIERA BEACH FL 33419**

3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0005942	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent EAKINS, SANDI F. 300 W. 10TH ST. P.O. BOX 9818 RIVIERA BEACH FL 33419		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, CINDI M.	1.2 NAME	
STREET ADDRESS	300 WEST 10TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, SANDI F.	2.2 NAME	
STREET ADDRESS	300 WEST 10TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, JAMES E.	3.2 NAME	
STREET ADDRESS	8295 N. MILITARY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, SHIRLEY M.	4.2 NAME	
STREET ADDRESS	7000 N. MILITARY TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLAK, MICHAEL J.	5.2 NAME	
STREET ADDRESS	300 WEST 10TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, DOUGLAS S.	6.2 NAME	
STREET ADDRESS	300 WEST 10TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	6.4 CITY-ST-ZIP	

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 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; 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: *CINDI M. FRICK* **CINDI M. FRICK** **4/21/96** **(407) 844-3799**
ASST. SECRETARY Date Daytime Phone #

CR2E034 (12/95)