

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K02342 (9)
1. Corporation Name

STOW-A-WAY STORAGE CENTERS II, INC.



Principal Place of Business: **8755 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410
US**
Mailing Address: **% DAVID M. LAZAN
1090 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

3. Date Incorporated or Qualified: **11/17/1987**
3a. Date of Last Report: **06/05/1995**

21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country	4. FEI Number: 59-2656102 Applied For: <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. City & State	28. City & State		
24. Zip	29. Zip		
25. Country	30. Country		

g. Name and Address of Current Registered Agent
**LAZAN, DAVID M.
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent
81. Name: **MARSHALL, TODD**
82. Street Address (P.O. Box Number is Not Acceptable): **1392 N. KILLIAN DRIVE STE. 8**
83. City: **LAKE PARK, FLORIDA 33403**
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: *David M. Lazan* (Signature) **6/28/96** (Date)
Signature type for printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MARSHALL, TODD
STREET ADDRESS	8755 N MILITARY TRAIL
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1392 N. KILLIAN DRIVE STE. 8
14. CITY - ST - ZIP	LAKE PARK, FLORIDA 33403
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. Lazan* (Signature) **6/28/96** (Date) **(90) 894-7772** (Filing Office #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)