

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36663 (3)

1. Corporation Name

PUBLIC STORAGE PROPERTIES XIX, INC.

Principal Place of Business

Mailing Address

600 N BRAND BLVD, SUITE 300
GLENDALE CA 91203-1241

600 N BRAND BLVD, SUITE 300
GLENDALE CA 91203-1241

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **12/12/1991** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-4325981

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	HUGHES, B. WAYNE
STREET ADDRESS	600 N BRAND BLVD #300
CITY - ST - ZIP	GLENDALE CA
TITLE	P
NAME	LENKIN, HARVEY
STREET ADDRESS	600 N BRAND BLVD #300
CITY - ST - ZIP	GLENDALE CA
TITLE	VST
NAME	GERICH, OBREN B.
STREET ADDRESS	600 N BRAND BLVD #300
CITY - ST - ZIP	GLENDALE CA
TITLE	VDS
NAME	HAVNER, RONALD L, JR.
STREET ADDRESS	600 N BRAND BLVD #300
CITY - ST - ZIP	GLENDALE CA
TITLE	D
NAME	CURTIS, VERN O.
STREET ADDRESS	4111 STILLWATER DR
CITY - ST - ZIP	HUNTINGTON BCH CA
TITLE	D
NAME	STEELE, JACK D.
STREET ADDRESS	1825 MICHAEL LANE
CITY - ST - ZIP	PACIFIC PALISADES CA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

Obren B. Gerich

Obren B. Gerich

4-20-95

(818)244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number