

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:47

DOCUMENT # **P92000012868 (5)**

1. Corporation Name

**CONVENIENT MINI STORAGE, INC.**

Principal Place of Business

Mailing Address

**202 NORTH BREVARD AVENUE  
ARCADIA FL 33821**

**202 NORTH BREVARD AVENUE  
ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1992**  
3a. Date of Last Report: **06/21/1994**

4. FEI Number: **65-0386908**  
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. The corporation has liability for intangible tax under § 193(1)(3) Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGIEN, HELGA  
202 NORTH BREVARD AVENUE  
ARCADIA FL 33821**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 the corporation)

(Signature, typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE OF REGISTERED OFFICE, REGISTERED AGENT, ETC.

TITLE	<b>D</b>
NAME	<b>FERGIEN, HELGA</b>
STREET ADDRESS	<b>202 NORTH BREVARD AVENUE</b>
CITY, ST, ZIP	<b>ARCADIA FL 33821</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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CITY, ST, ZIP	
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NAME	
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CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information reported with this filing is voluntarily furnished and is true and correct for the information stated in the incorporation statute of the State of Florida. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Helga Fergien* **Helga FERGIEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-94** 1 813 494-4217