

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000012868 (5)

1. Corporation Name
CONVENIENT MINI STORAGE, INC.



Principal Place of Business: **202 NORTH BREVARD AVENUE, ARCADIA FL 33821**
Mailing Address: **202 NORTH BREVARD AVENUE, ARCADIA FL 33821**

3. Date Incorporated or Qualified: **12/17/1992** 3a. Date of Last Report: **01/19/1995**
4. FUI 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: **ARTHUR R FERGIEN**
82 Street Address (P.O. Box Number is Not Acceptable): **202 NORTH BREVARD AVENUE**
83
84 City: **ARCADIA** FL 85 Zip Code: **33821**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. The city agent, the appointment as registered agent, I am familiar with, and agree to the obligations of Section 607.0503, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1. TITLE: ARTHUR R FERGIEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FERGIEN, HELGA		2. NAME: 202 NORTH BREVARD AVE	
STREET ADDRESS: 202 NORTH BREVARD AVENUE		3. STREET ADDRESS: ARCADIA, FL. 33821	
CITY-STATE-ZIP: ARCADIA FL 33821		4. CITY-STATE-ZIP: ARCADIA, FL. 33821	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME: <input type="checkbox"/> DELETE		10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		12. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		16. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(a), 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 this 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 attached sheet with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)