FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

6327 EDGEWATER DR ORLANDO FL 32810-4719

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6327 EDGEWATER DR

SIGNATURE:

ORLANDO FL 32810

US



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061656 (3)

PERSONAL MINI STORAGE - LAKE WORTH, INC.

						3. Date Incorporated or Qualified 3a. Date of Las 09/02/1993 03/11/1996	,	
2. Principal F	Place of Business	2a. Mailino Add	2a. Mailing Address					
21		26				AF A466464		
Suite, Apt	#. etc		Suite, Apt. #, etc.			80.70	Not Applicable	
22		27	27			I h Centicate of Status Desired I I	5 Additional Required	
h			& State			6. Election Campaign Financing \$5.0	O May Be	
23		28	8			Trust Fund Contribution		
Zip	Country	Zip	ip Country		7	8. This corporation has liability for intangible tax under s. 199.032,		
24				Florida Statutes Yes No				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				81 Name				
				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	85 Zi	p Code	
11 Purcuert	to the provisions of Castiers 607 or	02 and 607 1500 51	ido Ctotulo-	tha aka		FL S C		
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 regeneral agent and talle it applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				egislered Agent signature requir				
TITLE	P DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NAME	SHADER, STANLEY J	' ليا)LLLIL	1.2 NAME		L Chang	e 🔲 Addition	
,	1750 MAITLAND AVE.					•		
STREET ADDRESS					r address			
C-TY-ST-ZIP					ST-ZIP			
TITLE			JELETE	2.1 TITLE		Chang	e 🔲 Addition	
NAM:	SHADER, RONALD J		2.2 NAME					
STREET ADDRESS	1750 MAITLAND AVE.			2.3 STREET	r address			
CITY - ST - ZIP	MAITLAND FL 32751				ST-ZIP			
TITLE	, DELETE					Chang	e 🔲 Addition	
NAME								
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY - ST - 7IP					ST-ZIP			
TITLE	DELETE					Chang	e Addition	
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				44 CITY-S	ST-ZIP			
TITLE		D	DELETE	5.1 TITLE		Chang	e Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - ST - ZIP				5.4 CITY - 5				
TITLE			ELETE	61 TITLE		Change	B Addition	
NAME ,				62 NAME		The second	Section 2 Company Sept.	
STREET ADDRESS				63 STREET	ADDRESS		1	
emeri Applicas				OBSINEE	WINDERS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

2/3/97

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