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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000054579 (4)

**RECREATION VEHICLES STORAGE, INC.** 

Principal Place of Business			· .	Mailing Address				1880/1081 1181 1810   1811   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   18 		I DI DI BUTEL E	1801 1884		<b>0</b> (1.1 <b>00</b> 1		
1101 W KENNEDY BLVD ORLANDO FL 32810 US				1101 W KENNEDY BLVD ORLANDO FL 32810-4439 US											
			00						3. Date Incorporated or Qualif 07/12/1995	fied	3a. Da	te of La <b>)5/199</b>		port	
2. Principal i	Place of Busi		2a. Mailing Address					4. FEI Number				App	lied For		
21	·	26						59-3324472					Applicable		
Sulte, Apt	. #, etc.	<b>├</b> ─¬	Suite, Apt. #, etc.					5. Certificate of Status Desired	d '	XI	<b>-</b>	<b>'5</b> Ad 9 Requ	iditional		
City & State			27 City 8	City & State					6. Election Campaign Financin				— <u>-</u> -		
23			<sub>1</sub>	28					Trust Fund Contribution	ıg	П		ded to	fay Be Fees	
Zip	Country		Zip	4 1 1 TTT MALE				-		iability for intangible tax under s. 199.032,					
24	25		29	29 30					Florida Statules				<b>X</b> (No		
	<del></del> -	e and Address of Curr	ent Registered A	Agent					10. Name and Address of Nev	w Regi	stered A	gent			
	rgenske,					81	Name								
	1 W KENN L <b>AND</b> O FL					Street	Addres	dress (P.O. Box Number is Not Acceptable)					<del></del>		
-						83									
						84	City				FL	85 2	Zip Co	ode	
11. Pursuant office or agent. I	to the provising to the provision of the provision of the province of the prov	sions of Sections 607.0 gent, or both, in the Sta vith, and accept the obl	502 and 607.150 te of Florida. Suc igations of, Section	8, Florida Statu ch change was on 607.0505, F	ites, the authoriz	above zed by tatules	named the corp	l corpoi poration	ration submits this statement for n's board of directors. I hereby a	the pur	rnose of	changir ointmen	ng its I as re	registered egistered	
SIGNATURE														··	
12.	Signature, typo	d or printed name of registered a	ND DIRECTORS		1E Hegiste		nt signature	c required	when reinstating)  ADDITIONS/CHANGES TO C	DEFICE	DA1E BS AND	DIREC	TORS	IN 12	
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NAME		ISKE, GARY J.		<del></del>	ı	NAME								_	
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STREET ADDRESS	₹ <u>₩</u>				63	STREET A	ADDRESS								

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 eath; that I am an officer or director of the compration 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 diffinged on in attachment with an address.

CIGNATURE

MI GRANT T. BORGET

4-14-67

(107-425 000 C

**FILED** 

Apr 21 1997 8:00am

Secretary of State