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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # V30390 (1)

1. Corporation Name
CROFUTT AND SMITH STORAGE WAREHOUSE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7670-7672 N.W. 6TH AVENUE BOCA RATON FL 33487	7670-7672 N.W. 6TH AVENUE BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992

2. Principal Place of Business	2a. Mailing Address
21 1289 Clint Moore Rd.	26 1289 Clint Moore Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton, FL	28 City & State: Boca Raton, FL
24 Zip: 33487 25 Country: USA	29 Zip: 33487 30 Country: USA

4. FEI Number: 65-0343720 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GROSSLICHT, BARBARA 7670-7672 N.W. 6TH AVENUE BUILDING 204, BOCA COMMERCE CENTER BOCA RATON FL 33487	81 Name: Grosslicht, Barbara 82 Street Address (P.O. Box Number is Not Acceptable): 1289 Clint Moore Rd. 83 84 City: Boca Raton FL 85 Zip Code: 33487

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: Barbara Grosslicht DATE: 4/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SORHAGEN, ROGER	1.2 NAME	
STREET ADDRESS	C/O DROFUTT & SMITH, 1 LENEL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANDING NJ 07850	1.4 CITY-ST-ZIP	
TITLE	TSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROSSLICHT, BARBARA	2.2 NAME	
STREET ADDRESS	C/O CROFUTT & SMITH, 1 LENEL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANDING NJ 07850	2.4 CITY-ST-ZIP	
TITLE	CEOD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SORHAGEN, DENNIS	3.2 NAME	
STREET ADDRESS	C/O CROFUTT & SMITH, 1 LENEL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANDING NJ 07850	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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.

SIGNATURE: Barbara Grosslicht 4/22/98