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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 31

319888

(4)

STOR-ALL SYSTEMS INC

Principal Place of Business Mailing Address

1375 W HILLSBORO BLVD.
DEERFIELD BCH. FL 33442 DEERFIELD BCH. FL 33442

## FILED Mar 24 1998 8:00am Secretary of State



DEERFIELD BCH	I. FL 30442	DEERFIELD BCH. FL 33442				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
							08/14/1967		
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-1452959		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional ee Required	
City & State		City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28					Trust Fund Contribution		ded to Fees
Zip	Country	Zip	_	untry			8. This corporation owes or has paid the c		
24	25		30	,			Personal Property Tax due June 30.	Yes Yes	□ No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name					
ANDERSON, LARRY W.				°'	Nan	16			
1375			82 Street Address (P.O. Box Number is Not Acceptable)						
DEERFIELD BCH. FL 33442				83	<del> </del>				
				63	L				
				84	City		F	85	Zip Code
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									
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, typod or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND I		13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS IN 12
TITLE	VTD	☐ DELETE	1.1 T	ITLE		<u> </u>		Cha	
NAME	ANDERSON, ROBERT W		1.2 N	1.2 NAME		İ			
	1375 W HILLSBORO BLVD.		1.3 \$		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH. FL		1.4 0	1.4 CITY - ST - ZIP					
TOLE	PD	☐ DELETE	2.1 TITLE					☐ Cha	ange [] Addition
NAME	ANDERSON, LARRY W		22 N	2.2 NAME					
	1375 W HILLSBORO BLVD.		2.3 S	TREET	ADORES	s			
	DEERFIELD BCH. FL		2.40	2. 4 CITY-ST-ZIP					
I .	VD DELETE		31 T	31 TITLE				☐ Cha	noitibtA agne
	ANDERSON, NORMAN E		3.2 N	3.2 NAME					
STREET ADDRESS	1375 W HILLSBORO BLVD.		3.3 S	TREET	ADDRES:	s			
	DEERFIELD BCH. FL			3,4, CITY - ST - ZIP					
i i	VSD	☐ DELETE	4.1 7	TLE				☐ Cha	inge [_] Addition
	ANDERSON, JEFFREY		4. 2 N			-			
	1375 W HILLSBORO BLVD.		4.3 S	4.3 STREET ADDRESS		s			
	DEERFIELD BCH. FL		_	4.4 CITY - ST - ZIP				-	F-(
TITLE		DELETE	5.1 TI					Cha	inge [] Addition
NAME			5.2 N			1			
STREET ADDRESS					ADDRESS	s			
CITY-ST-ZIP	I of tre		_	5.4 CITY-ST-ZIP					
TITLE		☐ DÉLETE	6.1 TI					☐ Cha	inge [_] Addition
NAME			6.2 N						
STREET ADDRESS					<b>ADDRESS</b>	S			
CITY-ST-ZIP	du that the information expedied with	thin filing stand and accepts for		TY-ST		1 2 0	ction 119 07(3)(i) Florida Statutes I further of		

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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation for the receive or trustate empower do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or open allochment with an address.

2/3/98/98/08/03/1008