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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DOCUMENT #

1. Corporation Name

(1)

CONSTRUCTION INC

SELF S	STURAGE CONSTRUC	HON, INC.								
Principal Place of Business Mailing Address 397 SOUTHWEST 14TH COURT POST OFFICE BOX 1839 POMPANO BEACH FL 33060 POMPANO BEACH FL 3										
US		Ų:	US			3. Date Incorporated or Qualified 08/28/1979 3a. Date of Last Report 07/24/1995				
2. Principal Place	o of Business	b	2a. Mailing Address				4. FEI Number 59-2024403		haran samu	pplied For lot Applicable
Suite, Apt. #,	etc.	Su	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	7	Additional tequired	
City & State		Cit	City & State				Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Z);)	Gou	ntry			es 🔲 N	0	199.032,
54	9. Name and Address of Cu	rrent Registere	ed Agent			***************************************	10, Name and Address of New	Registe	red Agent	
VANDER WOUDE, KAREN 397 SOUTHWEST 14TH COURT POMPANO BEACH FL 33060					82 Street Address (P.O. Box Number is Not Acceptable)					
					83	City			FL 85 Zip	Code
DIONIATURE	and accept the obligations of, grature typed or printed name of registered	egant and title if apple	pable. (N	OTE: Registered	Ager	nt signature require	d when reinstating ADDITIONS/CHANGES TO O	D/		DQ IN: 12
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO O	THOLES	Change	Addition
TITLE NAME STREET ADDRESS	PD VANDER WOUDE, KAR 397 SOUTHWEST 14TH		☐ DELETE	1. 1 T 1.2 N i 1.3 S	AME	T ADDRESS	·		L. J Onlings	
CITY-ST-ZIP	POMPANO BEACH FL			1.4 C	ITY - 9	ST-ZIP				**
TITLE			DELETE	2.11	ITLE	\	lice President		Change	Addition
NAME				2.2 N	AME	A	lice President rmando Santese 17 Sus 1480t.			
STREET ADDRESS						t address 3	1. 200 little (A: "	22~	~ t.	
CITY-ST-ZIP						ST-ZIP PC	mpano Blach, Fl.	∞	Change	Addition
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NAME				32 N						
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NAME						1 AODRESS				
STREET ADDRESS						ST-7IF				
CITY-ST-ZIP	AND ADDRESS OF THE PERSON OF T		DELETE.	5.1			2 to 10 pp		[] Change	Addition
TITLE			LJ Dece in		14935					

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)(k). Florida Statules. I further certify that the information indicated on this ennual 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 dorporation or the receiver pr 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 attait ment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-2IP

5.4 CiTY-ST-ZIP

6 1 TITLE

62 NAME

DELETE

SIGNATURE AME OF SIGNING OFFICER OR DIRECTOR April 27,96

Daytime Phone #

Change Addition