

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 656153 (4)**

1. Corporation Name  
**U-STOR MANAGEMENT CORPORATION**

Principal Place of Business  
**2708 ALTERNATE 19 N #602  
PALM HARBOR FL 34683**

Mailing Address  
**2708 ALTERNATE 19 N #602  
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/18/1980**

3a. Date of Last Report  
**05/01/1994**

21	2. Principal Place of Business <b>2641 McCormick Dr.</b>	26	2a. Mailing Address <b>2641 McCormick Dr.</b>
22	Suite, Apt. #, etc. <b>Suite 10Y</b>	27	Suite, Apt. #, etc. <b>Suite 10Y</b>
23	City & State <b>CLEARWATER, FL.</b>	28	City & State <b>CLEARWATER, FL.</b>
24	Zip <b>34619</b>	29	Zip <b>34619</b>
25	Country	30	Country

4. FEI Number  
**36-3057387**

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 has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent  
**DENUNZIO, PETER V  
3001 LEPRECHAUN LANE  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>DENUNZIO, PETER V</b>
STREET ADDRESS	<b>3001 LEPRECHAUN LANE</b>
CITY - ST - ZIP	<b>PALM HARBOR, FL 00000</b>
TITLE	<b>VS</b>
NAME	<b>DENUNZIO, CYNTHIA L</b>
STREET ADDRESS	<b>3001 LEPRECHAUN LANE</b>
CITY - ST - ZIP	<b>PALM HARBOR, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY - ST - ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY - ST - ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY - ST - ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY - ST - ZIP	

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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **PETER V DENUNZIO** *[Signature]* **CYNTHIA U. DENUNZIO** *[Signature]* **7/20/95** **813-797-2923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Printer's)