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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	GOD WE TO	DIVISION OF	CORPORATIONS					
DOCUM 1. Corporation	MENT #	<del>-</del> 96906	(5)						
	BREEZE MINIWA	AREHOUSE STO	ORAGE, INC.		A DESCRIPTION OF THE PROPERTY		<b>2.5</b> 00 <b>2</b> 1211	B. G. J. B. B. B. J. J. B. B.	
Principal Place o	of Business		Mailing Address		( Maind (1) Mila Shife (1) ATria	Edit Alast Bio	11 <b>8181</b> 1 <b>819</b> 11	- G1911 B1911 1981	
904 MCCLURE	DR		P.O. BOX 535 GULF BREEZE FL 325	(£0 0E0E					
GULF BREEZE	FL 32561		US US	KC24000	3. Date Incorporated or Qualified	3a Date	of Last R	enort	1
US					08/25/1982		3/23/19	•	
2. Principal Plac		L	2a. Mailing Address		4. FEI Number	<u></u>		Applied For	]
	Clure Drive	2			59-2214490			Not Applicable	┨
Suite, Apt. #	, etc.	2	Suite, Apt. #, etc.		5. Certificate of Status Desired	K		Additional Required	
2] Oty & State			City & State		6. Election Campaign Financing			O May Be	1
	reeze FL	2	В		Trust Fund Contribution		Adde	d to Fees	
Zip	Cour	. ′ ⊢	_Ziρ ⊒1	Country	B. This corporation has liability for i     Florida Statutes     K Yes		ix under s	199.032,	
24 32561	25 US	2 ress of Current Re		30	10. Name and Address of New R		Agent		1
,				B1 Name					1
BURKLO	w, <mark>melvin alle</mark> n	1		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)			1
5425 OA	•								-
PACE, 3	2571			83					
				84 City		FL	85 Z	p Code	
11. Pursuant to	the provisions of Se	ctions 607.0502 and	607.1508, Florida Statu	tes, the above named corpo	ration submits this statement for the pur	mose of ch	anning its i	registered office	j
or registers	ad agout, or both, in the	he State of Florida. S	uch change was authori 07.0505, Florida Statute	zed by the corporation's boa	and of directors. I hereby accept the appoint	es nemnic	registered	agent. I am	
SIGNATURE									
	Ssgr. ени , typed от рясный па	ne of registered agent and of OFFICERS AND DIF		OTE: Registered Agent signature require  13.	ud when reinstating!  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	)BS IN 12	નું ફુ
12. TILF	DP	OFFICERS AND DIF	DELETE	1 1 TITLE	ADDITIONS/GHANGES TO OFF		☐ Change	Addition	CR2E034 (12/95)
NAME	BURKLOW, ME	LVIN A		1.2 NAME					8
STREET ADDRESS	5425 OAKMON			1 3 STREFT ADDRESS					6
CITY-ST ZIP	PACE FL		F POLITI	1.4 CITY - ST - ZIP			Change	Addition	નેસું
lift	DVP	DCDT I	DELETE	2 1 TITLE 2 2 NAME		ı	Change	L.J Addition	
NAME STREET ADORESS	BURKLOW, RO			2.3 STREET ADDRESS					
CHY-ST ZIP	HOHENWALD 1			2 4 CITY - ST - ZIP					
107LF	DST		☐ DELETE	3 1 TITLE			☐ Change	Addition	
NAME	Burklow, Edi			3.2 NAME					
STREET ADDRESS		IOLLOW COURT		3.3 STREET ADDRESS					
CHY-SE ZIP	MARIETTA, GA	00000	DELETE	3 4 CITY - ST - ZIP			Change	Addition	1
NAME				4.2 NAME		•	-		
SPREEL ADDRESS				4.3 STREET ADDRESS					
City-St-ZP				44 CITY - ST - ZIP	<u>- , , , , , , , , , , , , , , , , , , ,</u>		C) 05	ETT ANDRES	-
11'1f			DELETE	5 1 TITLE		l	☐ Change	Addition Addition	
NAME				5 2 NAME					
STREET ADDRESS				5 3 STREET ADDRESS 5 4 CITY - ST - ZIP					
CHY-SI-ZIP TILE	ļ <u>.</u>		☐ DELETE	6 1 TITLE	1		☐ Change	☐ Addition	1
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					
CITY-ST-ZIP	00016 4444 445 125-	mating president with	the Amada and a start of	6.4 City-St-ZiP	for the exemption stated in Section 119	07(3)/k) FI	orida Stati	ites. I further	-
certify that		atection this annual of	Cond a fall unlawanted as	and recent in this and accur	rate and that my signature shall have the nis report as required by Chapter 607, Fl	വേഖ മനമ	HOTTOCT AS	it made under	
oath; that l appears in		of the corporation of the changed, or what	n att lebinerit with an ad	SS 2	is report as required by Oriapter 607, 11	J. IOG OIDIU	, and I	,	
010114		much	1 Jun	-ou	3/5/96	904-	932-07	702	
SIGNAT	UKE: / Melv	ZIN A. Burk Ture and typed on Prii	LOW NTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date Date		Daytima Phone		