## 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

**DOCUMENT #** 1. Corporation Name

G31909

(6)

TEMPORARY STORAG	E OF AMERICA, INC.
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Frincipal Place of Business Mailing Address						1001411 0000	IDU DEBEH DIDU DU			
STE. 205 STE. 205							·			
					3. Date Incorporated or Qualified 04/05/1983	or Qualified 3a. Date of Last Report 06/16/1995				
	2. Principal Place of Business 2a. Mailing Address					4. FET Number		Applied For		
26						59-2280493			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	□ <b>\$</b>		Additional Required	
City & State City & State						6. Election Campaign Financing	<u> </u>	\$5.0	0 May Be	
<b>23</b>	Country	28 Z <sub>(D</sub>	Cou	unto :		Trust Fund Contribution	L .		d to Fees	
24	25 Country	29	30	шиу		This corporation has liability for in Florida Statutes	ntangitile tax ur □ No	ider s	199.032,	
	9. Name and Address of Curr	ent Registered Agent			·- ··· · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered Age	nt		
				81	Name					
BOZART				82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
10800 N STE. 20:	I. MILITARY TRAIL			83						
	EACH GARDENS FL 33410			84			r-			
					City		FL  *	-   '	p Code	
familiar with	th, apuly accept the obligations of, Se	orthand Such Change was authorized in 1907,0505, Florida Statutes ALT	ed by the c S. BOZA TE Registered	corp	oration's board	ation submits this statement for the purp d of directors. Thereby accept the appo Accept the appointment of the appointment of the purpose o	cose of changing intrinent as regular to DATE	ig its ri stered	egistered office agent. I am	
12.	PD OFFICERS A	ND DIRECTORS	13.	171 E	- <del></del>	ADDITIONS/CHANGES TO OFFI				
NAME	BOZARTH, ART			1 1 THILF 12 NAME			□ c	iai ige	Addition	
STREET ADDRESS 10800 N. MILITARY TRAIL STE. 205					ADDRESS					
CHY-ST ZIP	PALM BEACH GARDENS F		14 Ci	TY-S	T - ZiP					
Title		<del>-</del>		2 1 TiTLE				nange	Addition	
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS						
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Tirle	DELETE			TLE		W. (W. 43 ).1		nange	Addition	
NAME			3 2 NA	AME						
STREET ADDRESS					ADDRESS					
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NAM6			4.2 NA						[] //de///	
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TOLE NAME	☐ DELETE			5 1 TITLE			Cr	range	Addition	
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CITY-ST-ZIF			5 4 Ci							
1076		DELETE	€ 1 TI				C) Ct	iange	☐ Addition	
NAME			6 2 NA	ME						
STREET ADDRESS					ADDRESS					
14. I do hereby	certify that the information supplied	d with this filing is voluntarily furn	64011 ished and d	IY-\$1 does	r-ziP   s not qualify fo	r the exemption stated in Section 119.0	7(3)(k), Florida	Statut	es. 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 f 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 3 if changing or on an attachment with an address ART BOZ ARTH Pres. 4/26/96

SIGNATURE: