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95 APR 19 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # G40066 (4)

1. Corporation Name
BUSINESS STORAGE SYSTEMS, INC.

Principal Place of Business	Mailing Address
5154 SHADOWLAWN TAMPA FL 33610 US	5154 SHADOWLAWN TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 5283 Shadowlawn	26 5283 Shadowlawn
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, FL	28 Tampa, FL
Zip	Country
24 33610	25 Hillsborough
29 33610	30 Hillsborough

3. Date Incorporated or Qualified	3a. Date of Last Report
05/18/1983	05/01/1994
4. FEI Number	Applied For
59-2404810	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

DUNCAN, S THOMAS
14005 S HWY 301
RIVERVIEW FL 33569

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
	FL

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 title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SHUMAN, ROBERT L.
STREET ADDRESS	12614 CLENDENNING DR
CITY - ST - ZIP	TAMPA FL
TITLE	DV
NAME	DUNCAN, S. THOMAS
STREET ADDRESS	14005 S HWY 301
CITY - ST - ZIP	RIVERVIEW FL
TITLE	DS
NAME	SHUMAN, GRETCHEN
STREET ADDRESS	12614 CLENDENNING DR
CITY - ST - ZIP	TAMPA FL
TITLE	DT
NAME	DUNCAN, RANELL
STREET ADDRESS	14005 S HWY 301
CITY - ST - ZIP	RIVERVIEW FL
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  S.T. Duncan 4-13-95 713-6200705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Dulyfiled Pursuant to