

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: 5283 SHADOWLAWN TAMPA FL 33610 US
Mailing Address: 5283 SHADOWLAWN TAMPA FL 33610 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, and Zip/Country.

3. Date Incorporated or Qualified: 05/18/1983
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2404810
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: DUNCAN, S THOMAS 14005 S HWY 301 RIVERVIEW FL 33569
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: [Signature] S. Thomas Duncan Pres. 4-26-96
(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHUMAN, ROBERT L.		1.2 NAME	S. Thomas Duncan			
STREET ADDRESS	12614 CLENDENNING DR		1.3 STREET ADDRESS	14005 S-Hwy 301			
CITY- ST- ZIP	TAMPA FL		1.4 CITY- ST- ZIP	Riverview, FL- 33569			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNCAN, S. THOMAS		2.2 NAME				
STREET ADDRESS	14005 S HWY 301		2.3 STREET ADDRESS				
CITY- ST- ZIP	RIVERVIEW FL		2.4 CITY- ST- ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHUMAN, GRETCHEN		3.2 NAME				
STREET ADDRESS	12614 CLENDENNING DR		3.3 STREET ADDRESS				
CITY- ST- ZIP	TAMPA FL		3.4 CITY- ST- ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNCAN, RANELL		4.2 NAME				
STREET ADDRESS	14005 S HWY 301		4.3 STREET ADDRESS				
CITY- ST- ZIP	RIVERVIEW FL		4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY- ST- ZIP			5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY- ST- ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] S. Thomas Duncan 4-26-96 913-6200805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)