**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 # **H19806** **(9)**

1. Corporation Name
**COCOA BEACH STORAGE, INC.**

Principal Place of Business
P O BOX 320915
COCOA BEACH FL 32932-7915

Mailing Address
P O BOX 320915
COCOA BEACH FL 32932-7915

3. Date Incorporated or Qualified: **09/06/1984**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2455549** 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
**SCHWENT, JOE**
**345 1 ST STREET**
**COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 of a New Registered Agent if a change is being made — Date

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PDS | ☐ DELETE |
| NAME | SCHWENT, PAT | |
| STREET ADDRESS | 345 1ST STREET | |
| CITY, ST, ZIP | COCOA BEACH FL | |
| TITLE | TSD | ☐ DELETE |
| NAME | CLARK, PATI | |
| STREET ADDRESS | 6355 PLEASANT AVENUE | |
| CITY, ST, ZIP | COCOA FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | ☐ Change ☐ Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | ☐ Change ☐ 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. 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:** Pat Schwent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (407) 783-3823
Date Daytime Phone #

CR2E034 (12/95)