

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H27474** (6)

1. Corporation Name

KENDALL XTRA STORAGE, INC.



Principal Place of Business

~~3040 BISCAYNE BLVD.~~
MIAMI FL 33137

Mailing Address

~~3040 BISCAYNE BLVD.~~
MIAMI FL 33137

3. Date Incorporated or Qualified
10/18/1984

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21 **999 Brickell Ave**

2a. Mailing Address
26 **999 Brickell Ave**

4. FEI Number
59-2503349

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 800

27 Suite, Apt. #, etc.
Suite 800

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Miami FL

28 City & State
Miami FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33131

25 Country
USA

29 Zip
33131

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YARUS, GARY J.
5040 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Ave
Suite 800

83

84 City

Miami

FL

85 Zip Code

33131

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, typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WEINGARDEN, RONALD**

STREET ADDRESS ~~601 SW 8 ST.~~

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DST YARUS, GARY**

STREET ADDRESS ~~5040 BISCAYNE BLVD~~

CITY-ST-ZIP **MIAMI 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

1500 Port Blvd
Miami FL 33132

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

999 Brickell Ave Suite 800
Miami FL 33131

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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. YARUS

3/14/96

Date

305-371-2722

Daytime Phone #

CR2E034 (12/95)