


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

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94 JUN 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Sewin Secretary of State DIVISION OF CORPORATIONS
1. Corporation Name MELBOURNE SELF STORAGE, INC.		DOCUMENT # H61756 (3)

Mailing Address 3000 NE 30TH PLACE, STE 205 202D FT. LAUDERDALE FL 33306	Principal Place of Business 3000 NE 30TH PLACE, STE 205 202D FT. LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/12/1985		3a. Date of Last Report 06/08/1993	
2. Mailing Address 21 Suite, Apt. #, etc. Suite 202D		2a. Principal Place of Business 26 Suite, Apt. #, etc. Suite 202D	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	

9. Name and Address of Current Registered Agent ROBINSON, WILLIAM G. 3000 NE 30TH PL #205 202D FT. LAUDERDALE FL 33306				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Suite 202D 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/T ROBINSON, WILLIAM G.	11 TITLE	
12 NAME	ROBINSON, WILLIAM G.	12 NAME	
13 STREET ADDRESS	3000 NE 30TH PL #205 202D	13 STREET ADDRESS	Suite 202D
14 CITY ST. ZIP	FT. LAUDERDALE FL	14 CITY ST. ZIP	
21 TITLE	S ROBINSON, KIM M.	21 TITLE	
22 NAME	ROBINSON, KIM M.	22 NAME	
23 STREET ADDRESS	3000 NE 30TH PL #205 202D	23 STREET ADDRESS	Suite 202D
24 CITY ST. ZIP	FT LAUDERDALE FL	24 CITY ST. ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST. ZIP		34 CITY ST. ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST. ZIP		44 CITY ST. ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST. ZIP		54 CITY ST. ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST. ZIP		64 CITY ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 199.032, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 199.032 in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the reason of failure to report to cover this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or original filing with an address.

SIGNATURE: *Kim M. Robinson* *Kim M. Robinson* 6-8-94 3135-963-4848

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR