

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H89332 (1)**

1. Corporation Name
AMERICAN NATIONAL SELF STORAGE, INC.



Principal Place of Business: **701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD FL 33030**
Mailing Address: **701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD FL 33030**

3. Date Incorporated or Qualified: **12/11/1985**
3a. Date of Last Report: **11/17/1995**

21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2646203	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**STETTIN, HERBERT
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. SUITE 3270
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.002 and 607.008, 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 607.005, Florida Statutes.

SIGNATURE: *[Signature]* 1-22-96
Signature of the current registered agent and, if not applicable, (NO) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCEPCION, CARLOS	1.2 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD., STE. 1015	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDER, DELORES J	2.2 NAME	
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, JOHN W JR.	3.2 NAME	
STREET ADDRESS	701 S. HOMESTEAD BLVD.,STE. 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTPY, EDWARD	4.2 NAME	
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHN H	5.2 NAME	
STREET ADDRESS	2399 HALPRENS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	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]* **E. Westpy (Pres.)** 16/JAN/96 305 247 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)