

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 # **H89332** (1)

1. Corporation Name

AMERICAN NATIONAL SELF STORAGE, INC.



Principal Place of Business

Mailing Address

**701 S. HOMESTEAD BLVD.
STE. 10
HOMESTEAD FL 33030**

**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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2646203

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

10. Name and Address of New Registered Agent

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

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 607.002 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 of Registered Agent and Agent for Service

(Not Registered Agent signature required when reinstating)

DATE

1-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D CONCEPCION, CARLOS
STREET ADDRESS
999 PONCE DE LEON BLVD., STE. 1015
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
D CONDER, DELORES J
STREET ADDRESS
701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP
HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME
D HOOVER, JOHN W JR.
STREET ADDRESS
701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP
HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME
DP WESTPY, EDWARD
STREET ADDRESS
701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP
HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME
DST MORGAN, JOHN H
STREET ADDRESS
2399 HALPRENS WAY
CITY-ST-ZIP
MIDDLEBURG FL 32068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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. 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

E. Westpy **E. Westpy (Pres.)**

Date

Daytime Phone #

16/JAN/96 **305 247 1122**

CR2E034 (12/95)