

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
701 S. HOMESTEAD BLVD.
STE. 10
HOMESTEAD FL 33030

FILED
97 JUL 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/11/1985		01/29/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2646203		Not Applicable	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" 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
84 City
FL 85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CONCEPION, CARLOS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 PONCE DE LEON BLVD., STE. 1015	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CONDER, DELORES J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 S. HOMESTEAD BLVD., STE. 10	2.2 NAME	
STREET ADDRESS	HOMESTEAD FL 33030	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HOOVER, JOHN W JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 S. HOMESTEAD BLVD., STE. 10	3.2 NAME	
STREET ADDRESS	HOMESTEAD FL 33030	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DP WESTPY, EDWARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 S. HOMESTEAD BLVD., STE. 10	4.2 NAME	
STREET ADDRESS	HOMESTEAD FL 33030	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DST MORGAN, JOHN H	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	399 HALPRENS WAY	5.2 NAME	
STREET ADDRESS	MIDDLEBURG FL 32068	5.3 STREET ADDRESS	
CITY-ST-ZIP		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (4/97)

2-2

16 July 1997

Florida Dept. of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: F.E.I. #59 - 2646203

Dear Sirs:

On 15 July 1997 I received a "second notice" from your office ref: filing our annual report. After a check of my records, I found that I had sent the report in on 3 January 1997 along with a check for \$165.00. It was our check number #2923 dated 2 January 1997. A phone call to my accountant indicated that the check had never been processed. I then called your office (on 15 July 1997) and explained the situation. I was instructed to fill out the second notice form, include another check for \$165.00 and mail it to the P.O. Box 6327 location and this would be satisfactory. Enclosed is the report and our check #3169 for \$165.00.

Thank you

Ed Westpy



President
American National
Self-Storage, Inc.
701 S. Homestead Blvd.
Homestead, Fl. 33030