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

FILED
Mar 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **J78616** **(6)**

1. Corporation Name
HOLLYWOOD XTRA STORAGE, INC.

Principal Place of Business
C/O GARY J. YARUS
5046 ~~BISCAYNE BLVD.~~
MIAMI FL ~~33137~~

Mailing Address
C/O GARY J. YARUS
5046 ~~BISCAYNE BLVD.~~
MIAMI FL ~~33137~~

3. Date Incorporated or Qualified: **06/12/1987**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21: 999 Brickell Ave
22 Suite, Apt. #, etc.: Suite 800
23 City & State: Miami FL
24 Zip: 33131 25 Country: USA

2a. Mailing Address
26: 999 Brickell Ave
27 Suite, Apt. #, etc.: Suite 800
28 City & State: Miami FL
29 Zip: 33131 30 Country: USA

4. FEI Number: **65-0011551** ☐ 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

YARUS, GARY J.
~~5046 BISCAYNE BLVD.~~
MIAMI FL ~~33137~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Ave
83: Suite 800
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEINGARDEN, RONALD 801 ARTHUR GODFREY RD, #550 MIAMI BCH. FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST YARUS, GARY J. ~~5046 BISCAYNE BLVD.~~ MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	1500 Port Blvd Miami FL 33132	☒ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	999 Brickell Ave, Ste 800, Miami FL	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ 3/14/96 305-371-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

Gary J. Yarus