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 # **J98340** **(9)**

1. Corporation Name

STIRLING STORAGE, INC.

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

3. Date Incorporated or Qualified: **10/15/1987**
3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0011559** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 999 Brickell Ave	26 999 Brickell Ave
22 Suite 800	27 Suite 800
23 Miami FL	28 Miami FL
24 Zip 33131 25 Country USA	29 Zip 33131 30 Country USA

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	P	☐ DELETE
NAME	WEINGARDEN, RONALD	
STREET ADDRESS	~~801 ARTHUR GODFREY RD, #330~~	
CITY-ST-ZIP	~~MIAMI BCH. FL~~	
TITLE	ST	☐ DELETE
NAME	YARUS, GARY J.	
STREET ADDRESS	~~5046 BISCAYNE BLVD.~~	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 added to the report with an address.

SIGNATURE: _____ 3/14/96 305 371-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #