

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathman  
Secretary of State  
PUBLIC CORPORATIONS

1995

5195

B-6925

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:03

DOCUMENT # K51601

(8)

1. Corporation Name

J.R.P. STORAGE YARD, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM ROBERT LEONARD  
4875 N. FEDERAL HIGHWAY, TENTH FLOOR  
FORT LAUDERDALE FL 33308

C/O WILLIAM ROBERT LEONARD  
4875 N. FEDERAL HIGHWAY, TENTH FLOOR  
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1988

3a. Date of Last Report  
02/07/1994

4. FEI Number  
NOT APPLICABLE

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 677 So. Andrews Ave

26 633 S. Andrews Ave

22 Suite #, etc  
SUITE 402

27 Suite, Apt. #, etc  
Suite 402

23 City & State  
FT. LAUDERDALE

28 City & State  
Ft. Laud. Fla 33301

24 Zip  
33301

25 Country  
FLORIDA

29 Zip  
33301

30 Country  
FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, WILLIAM ROBERT  
633 S ANDREWS AVE  
STE 402  
FORT LAUDERDALE FL 33301

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 607.050 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 of agent

DATE Registered Agent signature required when reinstating

DATE

16 May 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDS
NAME	PASSITORE, JOSEPH R.
STREET ADDRESS	4201 PETERS RD.
CITY ST ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions 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:

Joseph R. Passitore

Joseph R. Passitore

4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Date)

305-587-4200