FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 K96912 (6)**DOCUMENT #** Corporation Name AERO SELF-STORAGE, INC. Mailing Address Principal Place of Business 3000 AVIATION BLVD C/O HARRIS BERGER VERO BEACH FL 32960-1920 - 1915 3000 AVIATION BOULEVARD US 3a. Date of Last Report VERO BEACH FL 32960 3. Date Incorporated or Qualified 02/07/1995 06/20/1989 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0148692 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5,00 May Be City & State 6. Election Campaign Financing City & State \Box Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Country Zio 2 ipYes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (F.O. Box Number is Not Acceptable) 82 BERGER, HARRIS **521 CYPRESS ROAD** 83 VFRO BEACH FL 32963 85 Zip Code 84 City Statutes, the above named corporation submits this statement for " sized by the corporation's board of directors. I hereby acca nurnose of changing its registered office 11. Pursuant to the provisions of Sections 607.0502 and FC int as registered agent. I am or registered and familiar with, SIGNATURE ven Agont signature required when reinstating NOTE Flog CR2E034 (12/95) capital and line in approach DIRECTORS IN 12 ADDITIONS/CHANG JFFICE ERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ DELETÉ 1 TIBLE NAME BERGER, HARRIS NAME STREET ADDRESS 521 CYPRESS RD. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIF Addition □ Change DELETE : TIME T-TLE NAME BLACKMON, EVELYN J NAME 3000 AVIATION BOULEVARD SIRRET ADDRESS STREET ADDRESS CHY-ST-ZIP VERO BEACH FL CITY - ST- ZIE Addition DELETE Change 1 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 100001732071 -03/05/96--01021--012 TITLE NAME NAME STHEFT ADDRESS STREET ADDRESS ***200.00 CITY-ST-ZIP CITY - ST - ZIP ■ Addition Change DELETE TITLE Tille NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition DELETE TITLE TITLE NAMi NAME STHEET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished certify that the information indicated on this annual report or supplemental annual report, that I am an officer or disable of the corporation or the receiver or trustee em appears in Block 12 or Block 13 if changed on an attachment with an address. CITY - ST- ZIP d does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further is true and accurate and that my signature shall have the same legal effect sit further. I to there is true and accurate and that my signature shall have the same legal effect sit made under ered to expoute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE