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Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90019 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K96912

1. Corporation Name
AERO SELF-STORAGE, INC.

Principal Place of Business
C/O HARRIS BERGER
3000 AVIATION BOULEVARD
VERO BEACH FL 32960

Mailing Address
3000 AVIATION BLVD
VERO BEACH FL 32960-1920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1989

4. FEI Number

65-0148692

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

BERGER, HARRIS
521 CYPRESS ROAD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

N.A.

82 Street Address (P.O. Box Number is Not Acceptable)

N.A.

83

84 City

N.A.

FL

85 Zip Code

N.A.

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 *Evelyn J. Blackmon* (Gov. MGR)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 2ND 1999

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BERGER, HARRIS
STREET ADDRESS 521 CYPRESS RD.
CITY-ST-ZIP VERO BEACH FL

TITLE GM
NAME BLACKMON, EVELYN J
STREET ADDRESS 3000 AVIATION BOULEVARD
CITY-ST-ZIP VERO BEACH 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

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Evelyn J. Blackmon

Date

Daytime Phone #

January 2, 1999 561.770.0940

CR2E034 (1/98)