

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**

FLORIDA DEPARTMENT OF STATE  
**Sander B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L63319 (2)**  
1. Corporation Name  
**A PLUS STORAGE AND RETRIEVAL SYSTEM INC.**

Principal Place of Business  
C/O DOUGLAS FOURNIER  
4677 L. B. MCLEOD RD., APT. F  
ORLANDO, FL 32811  
US

Mailing Address  
4677 L. B. MCLEOD RD.  
APT. F  
ORLANDO, FL 32811  
UIS

FILED  
May 19 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	2120 W. Church St.	26	2120 W. Church St.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
City & State		City & State	
23	Orlando FL	28	Orlando FL
Zip	Country	Zip	Country
24	32805	29	32805
25	Orange	30	

3. Date Incorporated or Qualified		03/27/1990	
4. FEI Number	59-3001975	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOURNIER, DOUGLAS  
4677 L.B. MCLEOD RD., APT. F  
STE B-8  
ORLANDO FL 32811

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	2150 W- Church St.
83		
84	City	Orlando FL
85	Zip Code	32805

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 \_\_\_\_\_

Signature, typed or printed name of respondent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.	OFFICERS AND DIRECTORS
TITLE	PV
NAME	FOURNIER, DOUGLAS K.
STREET ADDRESS	4677 L. B. MCLEOD RD., STE. F
CITY - ST - ZIP	ORLANDO FL

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2120 W. Church St.
1.4 CITY - ST - ZIP	Orlando, FL 32805

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 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.

SIGNATURE *Andrey K. Fomichov* *Andrey K Fomichov H 2K-97*

CR2E034 (10/97)