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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAR 13 AM 11:28

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L85878** (1)

1. Corporation Name
STOR-ALL PARTNERS I, INC.

Principal Place of Business
**1375 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442**

Mailing Address
**1375 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1990** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

24

4. FEI Number **65-0211063** Applied For
 Not Applicable

5. Certificate of Status Dealt **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, JEFFREY M.
 1375 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442**

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 607.0502 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
 NAME **ANDERSON, JEFFREY M.**
 STREET ADDRESS **1375 W. HILLSBORO BLVD.**
 CITY - ST - ZIP **DEERFIELD BCH FL**

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

TITLE **DSV**
 NAME **ANDERSON, LARRY W.**
 STREET ADDRESS **1375 W. HILLSBORO BLVD.**
 CITY - ST - ZIP **DEERFIELD BCH FL**

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

TITLE **DV**
 NAME **ANDERSON, NORMAN E.**
 STREET ADDRESS **1375 W. HILLSBORO BLVD.**
 CITY - ST - ZIP **DEERFIELD BCH FL**

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

TITLE **DVT**
 NAME **ANDERSON, ROBERT W.**
 STREET ADDRESS **1375 W. HILLSBORO BLVD.**
 CITY - ST - ZIP **DEERFIELD BCH FL**

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change 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 exemption stated in Section 110.07(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: **LARRY W. ANDERSON U.P.** 3-6-95 305-421-7888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time (Hours)