FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

M51187

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	IY, ING.			
Principal Place of Business			Mailing Address	
3	2699 S. Bayshore Drivi Suite 400 Miami Fl 33133	Ē	Kaufman Rossin & Co 2699 S Bayshore Dr. #500 Miami FL 33133	
2. Principal Place of Business			2a. Mailing Address 26	
22	City & State		Suite, Apt. #, etc. 27 City & State 28	
23				
	Zip	Country	Zip Country	
24		25	29 30	_

FILED Jan 28 1998 8:00am Secretary of State

DOCUMENT # AMERICAN NATIONAL SELF-STORAGE OF ST. LUCIE COUN DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1987 4. FEI Number Applied For 65-0029932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KEY CORPORATE SERVICES, INC. 200 S. BISCAYNE BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) 20TH FLOOR 83 MIAMI FL 33131 Zip Code 85 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 reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE __ Change ___ Addition 1.1 TITLE TITLE MORGAN, JOHN H. 1.2 NAME NAME 2699 S. BAYSHORE DRIVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE **PVST** 2.1 TITLE ROSSIN, JAY H. NAME 2.2 NAME 2699 S. BAYSHORE DRIVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33133 CITY - ST - ZIP 2. 4 CITY - ST- ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE __ Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5,2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP

formation 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 export is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an soloporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in harded, or or that it is an address. 14. Thereby certify that the information sur indicated on this anough report or sup-officer or director of the corboration or Block 12 or Block 13 of chartest, or or

SIGNATURE: