SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Jun 20 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** M62659 (1) FATHER & SON STORAGE WAREHOUSES, INC. Principal Place of Business Mailing Address 7950 INDUSTRIAL DR N 106 7950 INDUSTRIAL DR N 106 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1987 04/13/1995 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 950 21 950 W. 135T. 65-0016747 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be RIVIERA 28 RIVERIA BEACH Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PORCARO, DOMINIC 7950 INDUSTRIAL DR N 106 Street Address Box Number is Not Acceptable 82 RIVIERA BEACH FL 33404 83 City RIVIERA 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typest or public floor elof rispotenza agent and the diapplicance (NOTE: 6) gistered Agent signature required when recentlying). 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 111-ILE Change Addition PORCARO, DOMINIC 1.2 NAME CR2E034 6108 WINDING LAKES DR STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 14 CITY - ST - ZIP DELETE 21 TITLE Change Addition PORCARO, DOMINIC NAME 6108 WINDING LAKES DR STREET ADDRESS 2 3 STREET ADDRESS JUPITER FL CITY-ST-ZIP TITLE DELETE 3 1 TIFLE Change ____ Acdition PORCARO, DOMINIC NAME 3 2 NAME 6108 WINDING LAKES DR STREET ADDRESS 3.3 STREET ADDRESS JUPITER FL CITY - ST - ZIP 3 4. CITY - ST - ZIE THILE DELETE 4.1 TITLE ____ Change ____ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STHEET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7:P TITLE DELETE 61 TIFLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CHY - ST - ZIP 14. Ido hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 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 617, Florida Statutes, and

that my name appears

SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR