

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

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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M64514** (6)
1. Corporation Name
STORAGECRAFT, INC.



Principal Place of Business
211 NORTHSTAR COURT ✓
~~227 COASTLINE ROAD~~ *Delete* → **211 NORTH STAR COURT** ✓
SANFORD FL 32771 ✓
US ✓

Mailing Address
211 NORTH STAR COURT ✓
~~227 COASTLINE ROAD~~
SANFORD FL 32771-6859 ✓
US ✓

3. Date Incorporated or Qualified **01/07/1988** 3a. Date of Last Report **04/09/1996**
4. FEI Number **59-2862724** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **211 NORTHSTAR CT.**
Suite, Apt. #, etc.
22
City & State
23 **SANFORD FLA**
Zip Country
24 **32771** 25 **SEMINOLE**
26 **211 NORTHSTAR CT.**
Suite, Apt. #, etc.
27
City & State
28 **SANFORD, FLA**
Zip Country
29 **32771** 30 **SEMINOLE**

9. Name and Address of Current Registered Agent

DVORCHAK, DANIEL M.
~~227 COASTLINE ROAD~~
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
211 NORTHSTAR CT.
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 **DANIEL M. DVORCHAK Pres** *Dm Dvorchak* **1-2-97**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **DVORCHAK, DANIEL M.**
CITY - ST - ZIP **1200 BRAMPTON PL**
HEATHROW FL 32746

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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: *Dm Dvorchak* **DANIEL M DVORCHAK** **1-2-97** **407-330-1000**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)