

**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 Mailing Address  
~~211 NORTHSTAR COURT~~ ✓ ~~227 COASTLINE ROAD~~ Delete → **211 NORTH STAR COURT** ✓  
~~SANFORD FL 32771~~ ✓ ~~US~~ ✓ **SANFORD FL 32771-6659** ✓  
**US** ✓

3. Date Incorporated or Qualified **01/07/1988** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business 21 <b>211 NORTHSTAR CT.</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>211 NORTHSTAR CT.</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2862724</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>SANford FLA</b> City & State	28 <b>SANford, FLA</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>32771</b> Zip	25 <b>SEMINOLE</b> Country	28 <b>32771</b> Zip	30 <b>SEMINOLE</b> Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS</b> <b>DVORCHAK, DANIEL M.</b> <b>1200 BRAMPTON PL</b> <b>HEATHROW FL 32746</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **907-330-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)