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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90028 028 ***150.00

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DOCUMENT # **M96726**

1. Corporation Name
FLORANADA WAREHOUSE AND STORAGE, INC.

Principal Place of Business	Mailing Address
1100 NE 45TH ST FT LAUDERDALE FL 33334	1100 NE 45TH ST FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/31/1988

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0072882 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEUSCHLE, BRIAN C. DEUSCHLE & ASSOC, PA 888 SE 3RD AVE, SUITE 300 FT LAUDERDALE FL 33316	81 Name: Jay Deuschle 82 Street Address (P.O. Box Number is Not Acceptable): 1100 NE 45th Street 83 84 City: Ft. Lauderdale **FL** 85 Zip Code: 33334

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: Jay B. Deuschle, Pres. 3/30/99
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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DEUSCHLE, JAY B.		1.2 NAME		
STREET ADDRESS	100 S.W. 5TH CT.		1.3 STREET ADDRESS	1100 NE 45th Street	
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SHAMBURGER, JULIE D		2.2 NAME		
STREET ADDRESS	14088 FORT MORGAN ROAD		2.3 STREET ADDRESS	14088 State Hwy. 180	
CITY-ST-ZIP	GULF SHORE AL		2.4 CITY-ST-ZIP	Gulf Shores, AL 36542	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CECERE, JESSICA D		3.2 NAME		
STREET ADDRESS	7690 WOODLAND CREEK LANE		3.3 STREET ADDRESS	204 Gaston Court	
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DEUSCHLE, JEFFERY C		4.2 NAME		
STREET ADDRESS	2215 CHESHIRE BRIDGE ROAD		4.3 STREET ADDRESS	14088 State Hwy. 180	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Gulf Shores, AL 36542	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Jay B. Deuschle, Pres. 3/30/99 954-771-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #