PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90035 023 ***150.00

1. Corporation	MENT # M98384 STORAGE, INC					
Principal Place	of Rusiness	Mailing Address			-{	
12212 HIGHEWAY 27 N DAVENPORT FL 33837 US		12525 US HWY 27 N DAVENPORT FL 33837 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
·					09/13/1988	
·	ace of Business	2a. Mailing Address	. 2	つル	4. FEI Number Applied F 50-2007185 Not Appl	
21 Suite Ant	# ata	26 12212 (US II) Suite, Apt. #, etc.	wya	170	\$8.75 Additio	
Suite, Apt. #, etc. Suite, Apt. 27			• •		5. Certificate of Status Desired Fee Required	
City & State	3	City & State			6. Election Campaign Financing \$5.00 May E	3e
23	<u>.</u>	28			Trust Fund Contribution Added to Fee	<u> </u>
Zip			Country	,	8. This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent	
•	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	-
BOR	NSTEIN DAVID S		· [
12525 US HWY 27 N.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	1
DAVEPORT FL 33837			83			
		•		Cit	■• 85 Zip Code	
			84	City	FL (°)	
agent. I ar	m familiar with, and accept the obligate	and title if applicable. (NOTE: R	egistered Age	nt signature require		
12.	OFFICERS AND		13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
TITLE	PDT			•	Contained Contained	- LOGICON
NAME	BORNSTEIN, DAVID S		1.2 NAME	T ADDRESS		[
STREET ADDRESS	12525 US HWY 27 N DAVENPORT FL		1.4 CTY-S	i	. *	
CITY-ST-ZIP	TS	☐ DELETE	2.1 TITLE	1-2,11	☐ Change ☐	Addition
NAME	BORNSTEIN, RITA		2.2 NAME			Ì
STREET ADDRESS	1401 ARTHUR ST		2.3 STREE	TADORESS	and the second s	ر کیو
_ CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	7	Change .	Addition
NAME			3.2 NAME		•	
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		C DOLLETO	3.4. CITY-5 4.1 TITLE	ST-ZIP	☐ Change ☐	Addition
TITLE	\$	•			· Countie C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	•		4. 2 NAME	T ADDRESS		ł
STREET ADDRESS	•		4.3 STREE			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME		•	
STREET ADDRESS		•	5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	× + DDD555		
STREET ADDRESS	- W.		1	T ADDRESS		1
CITY+ST-ZIP			6.4 CITY-5	T-ZIP		1

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 attactorient with an address, with all other like empowered.

SIGNATURE:

CITY+ST-ZIP

SURRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR