FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **P15437** **(7)**

1. Corporation Name

NATIONAL SELF-STORAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
17 W. WETMORE STE. 300 TUCSON AZ 85705	17 W. WETMORE STE. 300 TUCSON AZ 85705

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

3. Date Incorporated or Qualified: **08/03/1987**

3a. Date of Last Report: **07/25/1995**

4. FEI Number: **86-0566795** ☐ 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

9. Name and Address of Current Registered Agent

GORAY, GERALD A.
621 NORTHWEST 53RD ST.
STE. 255
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1905, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GORAY, GERALD A.		1 NAME	
STREET ADDRESS	621 NORTHWEST 53RD ST.		1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SCHOFF, W. MICHAEL		2 NAME	
STREET ADDRESS	17 W. WETMORE, STE. 300		2 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		2 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	SANDERS, EDWARD M.		3 NAME	
STREET ADDRESS	17 W. WETMORE, STE. 300		3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		3 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	CHEEMA, TERRI L		4 NAME	
STREET ADDRESS	17 W. WETMORE, STE. 300		4 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ 85705		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate, that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Edward M. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward M. Sanders, Treasurer

Date

(520) 577-9898

Telephone #