

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

APPROVED
AND
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98 APR -8 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P25471** (4)

1. Corporation Name
PRIVATE MINI STORAGE, INC.

Principal Place of Business: **1240 BLALOCK, SUITE 220 HOUSTON TX 77055**

Mailing Address: **1240 BLALOCK, SUITE 220 HOUSTON TX 77055**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/03/1989	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	76-0205200	
24	Country	29	Country	Applied For	
		30		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
<input checked="" type="checkbox"/>					
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
<input type="checkbox"/>					
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, GUY J. SR.	1.2 NAME	300002487283--7
STREET ADDRESS	1240 BLALOCK, #220	1.3 STREET ADDRESS	-04/14/98--01006--007
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	***158.75 ***158.75
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVANEY, DOUG	2.2 NAME	1240 Blalock # 220
STREET ADDRESS	6723 STELLA LINK 1240 Blalock # 220	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, W.P.	3.2 NAME	
STREET ADDRESS	1240 BLALOCK, #220	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

198 25

CR2E034 (10/97)

A. Alan
4/8/98