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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061635 (7)

AAA MINI STORAGE OF NEW SMYRNA BEACH CLIMATE CON TROLLED DIVISION, INC.

APPROVED AND FILED

98 MAY 26 PM 2: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Dipoind Dipos of Duvisors					-	
Principal Place of Business Mailing Address						
720 MAGNOLIA AVE. 720 MAGNOLIA ST NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168						
19C14 OWITHING DENOTITE SELECT		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/18/1993	
2. Principal P	Place of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			59-3198018	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27					8. Continuate of Status Desired	Fee Required
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	——————————————————————————————————————	28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the o	P-4
24	25 g. Name and Address of Currer	1 Begistered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
1A/I	LEY, DAVID	it tredisteren waarit	81	Name	10. Name and Address of New Registere	a Agent
	O MAGNOLIA AVE.					
	W SMYRNA BEACH FL 32168		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
,1C	. H SHITTING DEACHTE 02 100		83			
			84	City		85 Zip Code
11. Pursuant	In the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the above	named cor		
office or r	registered agent, or both, in the State on familiar with, and accept the oblig	of Horida, Such change was	authorized by	the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	opointment as registered
-	or randinal with, and accept the oring	anons or, accustrouz.osos, ri	วทดส อเลเนเยะ	S.		
SIGNATURE	Signalure, typed or printed name of registrical age	er and tiled apple after (NO)	L. Registered Age	eut a gnature requ	ired when reinstaling) DATE	
12.		D DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE]		☐ Change ☐ Addition
NAME	WILEY, DAVID		1.2 NAME			
STREET ADDRESS	720 MAGNOLIA ST		1.3 STREET	ADDRESS	and the fact that the fact that the	2227
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-S	1-ZIP	900002537 ^{05/} 27/98	01006010
TITLE	8	☐ DELETE	2.1 TITLE		***1350.00	Tage 150-06 ition
NAME	WILEY, KAREN		2 2 NAME		***1000.00	*****100 : 00
STREET ADDRESS	720 MAGNOLIA ST		2.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		2. 4 CITY - S	31-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY - S	I - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 Ci1Y - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS	/ U V 17	
CITY-ST-ZIP			5.4 CITY - S	1 - ZIP	16121	
TITLE		☐ DELETE	6.1 TITLE		$\mathcal{Y}^{\cdot \cdot}$	Change Addition
NAME			6.2 NAME		1	
STREET ADDRESS			6.3 STREET	ADDRESS		}
CITY OF 75D			B 4 00711 01			

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.

11/20/06

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