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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000063275 (0)

STORAGE	EXPRESS.	INC.	

Principal Place of Business

Mailing Address

4111 N. 42ND TERRACE HOLLYWOOD FL 33021

SIGNATURE: /

4111 N 42 TERR HOLLYWOOD FL 33021 IIS



Ì				US								
9 Bringles St									3. Date Incorporated or Qualified 09/10/1993		te of Last 05/22/	,
2. Principal Pla		oss Akiano raak		. Mailing Address			_		4. FEI Number	- 		Applied For
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	MICCAND PARK	26	7400 W. DI	AKLA	9~0 /	K BLU	0.	65-0495643			Not Applicable
22			27	Suite, Apt. #, etc.				ļ	5. Certificate of Status Desired			75 Additional e Required
City & State 23 しついじ	a Hoce	, ~	28	City & State	1	Æ			Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip 🗲 3	3319	Country 25 Brange	29	^{Zip} 33319	3	Count	ry Rowgn	c	This corporation has liability for in Florida Statutes Yes			
····	9. Name	and Address of Curren	t Regis	tered Agent	· · · · · ·				10. Name and Address of New R		Agent	
						8	1 Name					· · · · · · · · · · · · · · · · · · ·
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4111 N 42 TERR 82 Street Ad						oress	(P.O. Box Number is Not Acceptable	0)				
HOLLY	WOOD FL	33021				В	3					
						8	4 City			EI	85 2	Zip Code
 Pursuant to or registere 	o the provision of agent, or	ons of Sections 607.0502 both, in the State of Florid	and 60 a. Such	7.1508, Florida Statu change was author	ites, ti	he above by the cor	named corporation's bo	ooration	n submits this statement for the purp f directors. I hereby accept the appo	oose of ch	anging its	registered office
	n, and accep	of the obligations of, Section	on 607.	0505, Florida Statute	98.				and appropriate ap	municing as	s registere	o agent ram
SIGNATURE _	Skanature, based a	or printed name of registered agent a										
12.	orgina cire, typico (OFFICERS AND			VOIL FI		ent signature requi	ired whe		DATE		
TITLE	P	OTTIOL NO FALL	Dirit.C	DELETE		13.			ADDITIONS/CHANGES TO OFFICE			
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NAME					J	6.2 NAME						
STREET ADDRESS						6.3 STREE	T ADDRESS					
CITY-ST-ZIP						6.4 CI1Y-!	ST-ZIP					
oath: that I	am an officer	ne information supplied won indicated on this annual ror director of the corporablock 13ft changed, or or	tio I or	the receiver As to well	100111	l and doe port is tri powered	es not qualify ue and accura to execute th	for the rate an nis rep	e exemption stated in Section 119.0 d that my signature shall have the si ort as required by Chapter 607, Flor	7(3)(k), Flo ame legal ida Statute	rida Statu effect as i as; and th	ites. I further if made under iat my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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