

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075072 (7)

1. Corporation Name

XTRA STORAGE EAST, INC.



Principal Place of Business

5046 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

5046 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business

2a. Mailing Address

21. 999 Brickell Avenue

26. 999 Brickell Avenue

22. Suite 800

27. Suite 800

23. Miami, FL

28. Miami, FL

24. 33131

25. Dade

29. 33131

30. Dade

9. Name and Address of Current Registered Agent

YARUS, GARY J
5046 BISCAYNE BLVD
MIAMI FL 33137

3. Date Incorporated or Qualified

10/26/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0450527

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Sections 607.0802 and 607.1506, 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 607.0806, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change, if, or on an attachment with an address.

SIGNATURE:

GARY J. YARUS, PRES.

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 954-757-7590

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