

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Conora B. McNamee  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076024 (7)**

1. Corporation Name  
**U-STOR MANDARIN, INC.**

Principal Place of Business Mailing Address  
**2708 ALT. 19 NORTH SUITE 602 PALM HARBOR FL 34883**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/02/1993** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **2641 McCormick Dr.** 26 **2641 McCormick Dr.**  
22 **SUITE 102** 27 **SUITE 102**  
23 **CLEARWATER, FL.** 28 **CLEARWATER, FL.**  
24 **34619** 25 Country 29 **34619** 30 Country

4. FEI Number **59-3214381** 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**  
6. This corporation has liability for intangible tax under S. 192.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARQUARDT, EMIL C JR.  
400 CLEVELAND ST.  
SUITE 800  
CLEARWATER FL 34615**

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 607.0502 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **DP**  
NAME **DENUNZIO, PETER V**  
STREET ADDRESS **2708 ALT. 19 NORTH, SUITE 602**  
CITY - ST - ZIP **PALM HARBOR FL 34883**  
TITLE **DV**  
NAME **PRICE, SAMUEL**  
STREET ADDRESS **2708 ALT. 19 NORTH, SUITE 602**  
CITY - ST - ZIP **PALM HARBOR FL 34883**  
TITLE **DS**  
NAME **JAFFA, JAMES B**  
STREET ADDRESS **2708 ALT. 19 NORTH, SUITE 602**  
CITY - ST - ZIP **PALM HARBOR FL 34883**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **2641 MCCORMICK DR., SUITE 102**  
1.4 CITY - ST - ZIP **CLEARWATER, FL. 34619**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **2641 MCCORMICK DR., SUITE 102**  
2.4 CITY - ST - ZIP **CLEARWATER, FL. 34619**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **2641 MCCORMICK DR., SUITE 102**  
3.4 CITY - ST - ZIP **CLEARWATER, FL. 34619**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Peter V. Denunzio Pres.** 4/20/95 815-797-2323  
\* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR