

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000076024 (7)**  
 1. Corporation Name  
**U-STOR MANDARIN, INC.**



Principal Place of Business  
**2641 MCCORMICK DR SUITE 102 CLEARWATER FL 34619 US**

Mailing Address  
**2641 MCCORMICK DR SUITE 102 CLEARWATER FL 34619-1041 US**

3. Date incorporated or Qualified **11/02/1993** 3a. Date of Last Report **04/23/1996**

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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>DP</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>DENUNZIO, PETER V</b>             |                                 |
| STREET ADDRESS | <b>2841 MCCORMICK DR., SUITE 102</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>                 |                                 |
| TITLE          | <b>DV</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>PRICE, SAMUEL</b>                 |                                 |
| STREET ADDRESS | <b>2841 MCCORMICK DR., SUITE 102</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>                 |                                 |
| TITLE          | <b>DS</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>JAFFA, JAMES B</b>                |                                 |
| STREET ADDRESS | <b>2841 MCCORMICK DR., SUITE 102</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>                 |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* **3/29/97** **(813) 799-2323**

CF2E034 (9/96)