

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

**FILED**

**Apr 24 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 # P93000080259 (3)**

1. Corporation Name:  
**A-PLUS STORAGE, INC.**

Principal Place of Business:  
**8350 SOUTH U.S. HIGHWAY ONE  
PORT ST. LUCIE FL 34952**

Mailing Address:  
**8350 SOUTH U.S. HIGHWAY ONE  
PORT ST. LUCIE FL 34952-3300**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>11/22/1993</b>	<b>04/09/1996</b>
4. FEI Number	Applied For
<b>65-0451711</b>	Not Applicable
5. Certif. date of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**FLOYD, MIKI P.  
1225 SW MAGNOLIA BLUFF DRIVE  
PALM CITY FL 34990**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1607, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature type the position of the person signing the report (e.g., President) \_\_\_\_\_ (If the FEI Number is a corporation responsible corporation)

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> DELETED
NAME	FLOYD, STEVEN T.	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY-STATE-ZIP	PALM CITY FL	
TITLE	ST	<input type="checkbox"/> DELETED
NAME	FLOYD, MIKI P	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY-STATE-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(c), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to submit a report as required by Chapter 667, Florida Statutes, and that my name appears in Block 12 or Block 13 (if applicable) of this filing with an address...

SIGNATURE \_\_\_\_\_ 4/19/97 561 2780247

CR2E034 (9/95)