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**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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(7) and 607.16(9), 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 607.05(9), Florida Statutes.

SIGNATURE

Signature type: registered agent (check one) () Change () Addition () Deletion ()

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Deletion
NAME	FLOYD, STEVEN T.	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY-STATE-ZIP	PALM CITY FL	
TITLE	ST	<input type="checkbox"/> Deletion
NAME	FLOYD, MIKI P	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY-STATE-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Deletion
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Deletion
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Deletion
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	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
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)(f), 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)