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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

310 W. CENTRAL PARKWAY

## DOCUMENT # P94000014264

Corporation Name

Principal Place of Business

310 W. CENTRAL PARKWAY

SELF-STOR ALAFAYA PARTNERS, INC.

310 W. CENTRAL PARKWAY SUITE 7000		SUITE 7000	SUITE 7000			DO NOT WRITE IN THIS SPACE			
ALTAMONTE SE	PRINGS FL 32714	ALTAMONTE SPRINGS	FL 32/14			3. Date Incorporated or Qualifed 02/21/1994			
						4. FEI Number		Apr	olied For
2. Principal P	Place of Business	2a. Mailing Address				59-3237321		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.	<del></del>			5. Certifcate of Status Desired	]	\$8.75 A	
City & Stat		City & State				Trust Fund Contribution		\$5.00 Added t	,
<b>Z</b> ip	Country	Zip	30	ountry		This corporation owes the current Personal Property Tax.	ι	_  Yes	ØNo _
24	25	29 Agent	30	Τ-		10. Name and Address of New Reg	istered A	gent	
	9. Name and Address of	f Current Registered Agent		81	Name				
MIK	KELSON, W. MICHAEL			82	Street Add	Iress (P.O. Box Number is Not Acceptable	 ∋)		
310 W. CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS FL 32802				83		一			温度
				84	, ,	rporation submits this statement for the pution's board of directors. I hereby accept to	FL	1	Code "1
agent. i	am tamiliar with, and accept to	the obligations of, Section correspond	, Florida S	iaiuies	i.	rporation submits this statement for the pution's board of directors. I hereby accept t			ĺ
agent. I SIGNATURE	E Signature, typed or printed name of re-	gistered agent and title if applicable.	(NOTE: Registe	ered Age		instation	DATE		ORS IN 12
Į.	E Signature, typed or printed name of re-	egistered agent and title if applicable. CERS AND DIRECTORS	(NOTE: Registe	ered Ager			DATE		
SIGNATURE	E Signature, typed or printed name of re	egistered agent and title if applicable.  CERS AND DIRECTORS  DELET	(NOTE: Registr	ered Ager		ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	ORS IN 12
SIGNATURE	E Signature, typed or printed name of ret  OFFIC  D  MIKKFI SON. W. MICH.	registered agent and title if applicable.  CERS AND DIRECTORS  DELET	(NOTE: Registe	ered Ager 13. .1 TITLE .2 NAME	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	ORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRES	Signature, typed or printed name of respective D MIKKELSON, W. MICH.	egistered agent and title if applicable.  CERS AND DIRECTORS  DELET  IAEL  IKWAY, SUITE 7000  S FL 32714	(NOTE: Registration of the second of the sec	ered Ager 13. .1 TITLE .2 NAME .3 STREE	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	DRS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	Signature, typed or printed name of respective D MIKKELSON, W. MICH.	egistered agent and title if applicable.  CERS AND DIRECTORS  DELET  IAEL  IKWAY, SUITE 7000  S FL 32714	(NOTE: Registration   1	ered Agen 13. .1 TITLE .2 NAME .3 STREE 1.4 CITY-S 2.1 TITLE	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTO	DRS IN 12
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14. I 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90070 017 \*\*\*150.00

Change

☐ Addition