

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norment
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED
25 MAY -1 AM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022348 (4)**

SOLEMON SELF STORAGE, INC.

Principal Place of Business: **12 GEORGETOWN FT MYERS FL 33919**
Mailing Address: **12 GEORGETOWN FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

2. Filing and Filing Fee Dates		29. Mailing Address		3. Date of Registration		3a. Date of Last Report	
21. 4400 Solomon Blvd.	26. 4400 Solomon Blvd.			03/14/1994			
22. State		27. City & State		4. FID Number		Applied For	
FL		FL		63-0445157		Not Applicable	
23. Fort Myers, FL		28. Fort Myers, FL		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
33919		33919		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. USA		25. USA		29. 33919		30. USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, JOHN W 12 GEORGETOWN FT MYERS FL 33919				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State FL B5. Zip Code			

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) Florida Statute, 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 understand the obligations of Section 607.01(2), Florida Statute.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS ONLY	
12a. NAME	D TAYLOR, JOHN W 12 GEORGETOWN FT MYERS FL 33919	13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. STREET ADDRESS	12 GEORGETOWN FT MYERS FL 33919	13b. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12c. CITY	FT MYERS	13c. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12d. STATE	FL	13d. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e. ZIP CODE	33919	13e. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME		13f. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. STREET ADDRESS		13g. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12h. CITY		13h. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12i. STATE		13i. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. ZIP CODE		13j. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information requested with this filing is, substantially, true and correct and that the corporation is in compliance with the provisions of Section 607.01(2), Florida Statute. I further certify that the information included in this annual report or consolidated annual report is true and correct and that the corporation shall have the same responsibility as if made by the entity that has an office or offices in the State of Florida in the manner of members empowered to execute this report as required by Chapter 407, Florida Statute, and that my name appears on Block A or Block B of the report or on an affidavit filed with an address.

SIGNATURE: *Ruth A. Taylor* **RUTH A. TAYLOR** Secretary 4-13-95 939-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
(10)
(10)

DOCUMENT # **P94000022704 (8)**

EXCEL MECHANICAL, INC.

03/23/1995
WINTER PARK, FLORIDA

Principal Office of Business: 1519 HOFFNER AVENUE ORLANDO FL 32809
Mailing Address: 1519 HOFFNER AVENUE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business 21 5510 Cretan Way 22 Winter Park, FL 23 City, State	26. Mailing Address 26 4270 Alomce Ave 27 Ste 124-SSC 28 City, State 28 Winter Park, FL	4. FL Number 59-3227521	Applied For Not Applicable
24 32792 25 USA 29 32792 30 USA	3. Date incorporated (Expire) 03/23/1994		
5. Certificate of Status Renewed		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. This corporation has liability for a delinquent franchise fee in Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent URIE, ROSALIND L 5510 CRETAN WAY WINTER PARK FL 32792	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Applicable) 83 84 City FL 85 Zip Code
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11. Management for the purposes of the laws of the State of Florida relating to the liability of officers and directors of corporations and individuals, the statement for the purposes of obtaining a registered office of registered agent is both in Florida and in a foreign jurisdiction. If a change was authorized by the corporation's board of directors, identify each of the appointments of registered agent in Florida and in each of the other jurisdictions in which the corporation is registered.

12. President Paul A. Shiver 5510 Cretan Way Winter Park FL 32792	13. ARBITRY PHARMACY & MEDICAL SUPPLY, INC., P.C.
14. I, the undersigned, certify that the information supplied in this filing was voluntarily, truthfully, and accurately prepared and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes, whether or not, that the information is derived from a source reported as being essential, and that my corporate client has been advised of its rights and responsibilities. I am not responsible for any information that may appear in this report as a result of the cooperation of the client or that has not been prepared to comply with the report as required by Florida Statutes, and that my name appears in this report as a result of my cooperation with the client.	

SIGNATURE:

Paul A. Shiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 657 7880