

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022348 (4)

1. Corporation Name
SOLOMON SELF STORAGE, INC.



Principal Place of Business
**4400 SOLOMON BLVD
FT MYERS FL 33901
US**

Mailing Address
**4400 SOLOMAN BLVD
FT MYERS FL 33901
US**

3. Date Incorporated or Qualified **03/14/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **12 GEORGETOWN** 2a. Mailing Address
26 **12 GEORGETOWN**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0495157** Applied For
Not Applicable

22 City & State
23 **FORT MYERS, FL** 27 City & State
28 **FORT MYERS, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **33919** 25 Country 29 Zip **33919** 30 Country

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

9. Name and Address of Current Registered Agent

**TAYLOR, JOHN W
12 GEORGETOWN
FT MYERS FL 33919**

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: *John W. Taylor Director* DATE: **4-15-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOHN W	1.2 NAME
STREET ADDRESS	12 GEORGETOWN	1.3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33919	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH	2.2 NAME
STREET ADDRESS	12 GEORGETOWN	2.3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John W. Taylor Director* DATE: **4-15-96** DAYTIME PHONE #: **941-9365244**
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)