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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jan 23 1998 8:00am Secretary of State

DOCUMENT # P94000028162 (3)											
DOWNTOWN MINI STORAGE OF AVON PARK, INC.											
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Principal Plac	e of Busines	s		Mailing A	ddress .					3 SWARRON LICH LOUIS MINTE MATTI MOTEL WATER OBSES ITMOLIGIES ELDEN MILLE TRAFF PART	
5 WEST WALNUT STREET 5 WEST WALNUT STREETE							Tre	et			
AVON PARK FL 33825 AVON PARK FL 33825											
US US										DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified					
O Delegano D	n Mailin	Mailing Address					04/11/1994				
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						65-0479523   Not Applicable	
				27						5. Certificate of Status Desired See Required Fee Required	
22 City & State				City & State						6. Election Campaign Financing \$5.00 May Be	
23				28						Trust Fund Contribution Added to Fees	
Zip						C	Country			8. This corporation owes or has paid the current year Intangible	
24		25	29	Ī		30	30			Personal Property Tax due June 30.  Yes No	
	9. Name	and Address of Curre	nt Regi	stered /	Agent					10. Name and Address of New Registered Agent	
MIC	CHAELSON	I, JAMES M				_	81	Nam	е		
4430 ADDISON PLACE							82	Strac	t Addro	Address (P.O. Box Number is Not Acceptable)	
SA	RASOTA F	L 34241					62 Street Addre			ess (F.O. box Number is Not Acceptable)	
						83			· · · · · · · · · · · · · · · · · · ·		
						84 City			85 Zip Code		
										FL	
11. Pursuant I	to the provisi egistered ag	ions of Sections 607.050 sent, or both, in the State	2 and 0 of Flor	607.1500 ida. Suc	3, Florida Statu h change was	tes, the authoriz	above ed by	e-name the co	ed corpo progratio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar wi	th, and accept the oblig	ations o	of, Section	on 607.0505, Fl	lorida St	atutes	3.			
SIGNATURE											
12.	Signature, typed	or printed name of registered age OFFICERS AN			bie. (NO	TE: Registe		ent signat	ite require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OFFICERS AN	ט טוחנ	CIONS	DELETE		TITLE		$\top$	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CHAPMAN, CHARLES A						1.2 NAME				
	REET ADDRESS PO BOX 4073 N/A							ADDRESS	,		
	CADACOTA EL SACCO			i i					,		
CITY-ST-ZIP TITLE	D			DELETE 2.1 T			CITY-S	1-4P		Change Addition	
NAME	MICHAELSON, JAMES M			<del>_</del>			2.2 NAME			change Roomen i	
STREET ADDRESS	A400 ADDICON DI ACE						2.3 STREET ADDRESS		.		
1	CADACOTA EL DADAS								`		
CITY-ST-ZIP TITLE	-ZIP						2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition	
NAME							NAME			La statistical following	
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STREET ADDRESS								ADDRESS	'		
CITY-ST-ZIP TITLE	····			<u> </u>	DELETE	_	CITY-S	51 - ZIP	<del></del>	Change Addition	
NAME							NAME			C Grange C Addition	
·····-									.		
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP					DELETE		CITY-S	T-ZIP		Change Addition	
TITLE					- nërete		TITLE			Li Grange Li Addition	
NAME							NAME	400			
STREET ADDRESS								ADDRESS	·		
CITY-ST-ZIP					DELETE:		CITY-S	T-ZIP		Change A Jana	
TITLE					DELETE		TITLE		1	Change Addition	
NAME							NAME				
STREET ADDRESS								ADDRESS	·		
CITY-ST-ZIP 64 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exemption									tool :- ^	Postino 110 07(2Vi) Florido Photutos I fristino antificiles the inf	
14. I nereby c	entity that the	e imormation supplied w	iin inis	tima do	es not quality f	or the ex	кетпр	นอก รเฮ	irea in S	section (14.07(3)(1), Florida statutes. Littriner 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: