

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000037495 (6)

1. Corporation Name

AAA STORAGE OF BREVARD, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 99~~
~~INDIANTRIC FL 32903~~
US

~~P.O. BOX 99~~
~~INDIANTRIC FL 32903~~
US

3. Date Incorporated or Qualified
05/18/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 99

26 P.O. Box 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Melbourne, FL

28 Melbourne, FL

Zip Country

Zip Country

24 32902-0099

25 US

29 32902-0099

30 US

4. FEI Number

59-3246766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

10. Name and Address of New Registered Agent

FIRST SERVICE ADVISORS CORP

~~134 5TH AVENUE~~

~~INDIANTRIC FL 32903~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 700 Atlantis Rd.

84 City

Melbourne,

FL

85 Zip Code

32902-0099

If, 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 Andrew R. Laikin, President

2/10/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	LAIKIN, ANDREW R	134 5TH AVENUE	INDIANTRIC FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		P.O. Box 99	N/A Melbourne, FL 32902-0099	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, in an attachment with an address.

SIGNATURE: Andrew R. Laikin, President

2/10/96

CR2E034 (12/95)

05-01-96 012