## 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

## DOCUMENT # P9400066958 (7)

| Principal Place of Business   Making Address   20 MAROUA RE NEW SINTRIA BEACH FL 32168   2   | AAA MI<br>ISION,  | INI STORAGE OF NEW SM<br>INC. | IYRNA BEACH AIRPARK | CDIV                                  |  |                                     |
|--|-------------------|-------------------------------|---------------------|---------------------------------------|--|-------------------------------------|
| REW SAYTHAN BEACH FL 32168  SUBJECT ON DOT WRITE IN THIS SPACE  2. Principal Place of Business Subject of Country 3. Principal Place of Business Subject of Business S | Principal Plac    | e of Business                 | Mailing Address     |                                       | - 1 IBANIANN 188 (BUN) ANNIN ANNIN ANNIN ANNIN ANNIN ANNIN | ) BILLE BLILD TAIDL BIJOF (BIF (BB) |
| 2. Principal Place of Business 2. Making Androess 2. Sunn, Apr. 4, etc. 2. Sunn, Apr. 4, etc. 3. Sunn, Apr. 4, | 720 MAGNOLIA AVE. |                               | NEW SMYRNA BEACH FL | . 32168                               | DO NOT WRITE IN THIS SPACE                                 |                                     |
| 2. Principal Place of Business   2. Busine   |                   |                               |                     |                                       | 1 3  |                                     |
| Suite, April #, etc.   | 2. Principal P    | lace of Business              | 2a, Mailing Address | · · · · · · · · · · · · · · · · · · · |  | Applied For                         |
| Suite, Apri #, etc.  23   Suite, Apri #, etc.  24   City & State   City & State   City & State   St. Confined of Status Deared   St. Confined Fee Required   St. Other Peer | 21                |                               | <u> </u>            |                                       |  |                                     |
| City & State   |                   | #, etc.                       |                     |                                       |  | \$8.75 Additional                   |
| 20   | 22                |                               | 27                  |                                       | 5. Certificate of Status Desired                           | Fee Required                        |
| Zip Country 2, part and pulse personal Proposity Tax due June 1 and pulse and Address of Currant Registered Agent  WILEY, DAVID J 720 MAGNOLIA AVE. NEW SMYRNA BEACH FL 32168  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Cry Code  11, Pursuant to the provisions of Sections (20) Ch02 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing life registered agent and mallow with, and except the obligations of Sections (20) Ch02 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing life registered agent and mallow with, and except the obligations of Sections (20) Ch02 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing life registered agent and mallow with, and except the obligations of Sections (20) Ch02 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing life registered agent and mallow with, and except the obligations of Sections (20) Ch02 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing life registered agent and mallow with, and except the obligation of Section Corporation's board of directors. I hereby accept the approximant as registered agent and mallow with, and except the submits of 1 critical Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and mallow with an except the purpose of changing its registered agent and mallow with an except the purpose of changing its registered agent and mallow with an except the purpose of changing its registered agent and except the dispose of changing its registered agent and except the dispose of changing its registered agent and except the dispose of changing its registered agent and except the purpose of changing its registered agent and except the approximant as registered agent and except the approximant as | City & State      | 9                             | }− <sub>1</sub> ·   |                                       | 1  |                                     |
| WILEY, DAVID J 720 MAGNOLIA AVE. NEW SMYRNA BEACH FL 32168  83  84 City FL  85 Street Address (P.O. Box Number is Not Acceptable)  87  88  89  89  89  89  89  89  89  89  | Zip               | <u></u>                       | <del></del>         | ├ <del>-</del> ¬ '                    | 1  |                                     |
| WILEY, DAVID J 720 MAGNOLIA AVE.   82   Street Address (P.O. Box Number is Not Acceptable)   | 24                |                               |                     | 30                                    |  |                                     |
| 12   | WI                |                               | ur negistered Agent | 81 Name                               | 10. Name and Address of New Aegister                       | ad wildur                           |
| ### STRET ADDRESS CITY-S1-ZP  TITLE    DELETE    | 720               | MAGNOLIA AVE.                 |                     | 82 Street Addr                        | ess (P.O. Box Number is Not Acceptable)                    |                                     |
| 14.   Pursuant to the proviscers of Sections (27) 01/07 print 607,11/08.   Horida Statutos, the above-named corporation submitts this statement for the purpose of changing its registered agent, or isoth in the State of Florida. Such change was authorized by the corporation's board of directors.   Hereby accept the appointment as registered agent, or isoth in the State of Florida.   Such change was authorized by the corporation's board of directors.   Hereby accept the appointment as registered agent, or isoth in the State of Florida Statutos.    SIGNATURE  | NE                | W SMYRNA BEACH FL 32168       |                     | 83                                    |  |                                     |
| 11. Pursuant to the provisions of Sections (67 00.07 mind 607 1508 Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, on both in the State of Liorida Such cliange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familier with, and accept the obligations of, Section 607 0505, Florida Statutos.  SIGNATURE    Septiment spind or predictation of important price at any condition of progress of agent and accept the obligations of, Section 607 0505, Florida Statutos.    SIGNATURE  |                   |                               |                     |                                       |  | Total 7:- Onla                      |
| SIGNATURE  |                   |                               |                     |                                       | F  | - L.,   `                           |
| 12.  |                   |                               |                     |                                       |  |                                     |
| TITLE  |                   |                               |                     |                                       | ······································                     |                                     |
| NAME   STREET ADDRESS   720 MAGNOLIA AVE.   1.3 STREET ADDRESS   1.4 CITYST-72P  |                   |                               |                     |                                       | ADDITIONS/CHANGES TO OFFICERS A                            |                                     |
| 13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   17 CITY-ST-ZIP   15 CITY-ST-ZIP   17 CITY-ST-ZIP   1   |                   | - · · · ·                     |                     |                                       |  | C Change C Ruonion                  |
| City-St-ZiP  |                   |                               |                     |                                       |  |                                     |
| TITLE  |                   |                               | 2168                | <b>f</b>                              |  |                                     |
| NAME   STREET ADDRESS   720 MAGNOLIA ST   22 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   |                   |                               |                     |                                       |  | Change Addition                     |
| 1720   MAGNOLIA ST   NEW SMYRNA BCH FL   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP  | 1                 | VERRONE, LOUIS                |                     |                                       |  | <u>-</u> -                          |
| CITY- \$1-71P         NEW \$MYRNA BCH FL         2 4 CITY- \$1-71P           TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         33 STREET ADDRESS         CITY-\$1-72IP         Change         Addition           CITY- \$1-72IP         34 CITY-\$1-72IP         Change         Addition           NAME         4.2 NAME         CTY-\$1-72IP         Change         Addition           STREET ADDRESS         4.3 STREET ADDRESS         CTY-\$1-72IP         Change         Addition           NAME         DELETE         \$1 TITLE         Change         Addition           NAME         \$2 NAME         \$3 STREET ADDRESS         \$4 CITY-\$1-72IP         \$4 CITY-\$1-72IP         \$4 CITY-\$1-72IP           TITLE         \$5 NAME         \$5 STREET ADDRESS         \$5 STREET ADDRESS         \$5 STREET ADDRESS         \$6 CITY-\$1-72IP         \$6 CITY-\$1-72IP<  |                   |                               |                     |                                       |  |                                     |
| TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME   |                   | NEW SMYRNA BCH FL             |                     |                                       |  |                                     |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP  |                   |                               | ☐ DELETE            |                                       |  | Change Addition                     |
| CITY-ST-ZIP  | NAME              |                               |                     | 3.2 NAME                              |  |                                     |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition         Addition  | STREET ADDRESS    |                               |                     | 3.3 STREET ADDRESS                    |  |                                     |
| NAME   | CITY-\$T-ZIP      |                               |                     | 3.4. CITY-ST-ZIP                      |  |                                     |
| A STREET ADDRESS   | TITLE             |                               | DELETE              | 4.1 TITLE                             |  | Change Addition                     |
| A CITY-ST-ZIP  | NAME              |                               |                     | 4. 2 NAME                             |  |                                     |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME  | STREET ADDRESS    |                               |                     | 4.3 STREET ADDRESS                    |  |                                     |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME   | CITY-ST-ZIP       |                               |                     | 4.4 CITY-ST-ZIP                       |  |                                     |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME   | TITLE             |                               | ☐ DELETE            | 5.1 TITLE                             |  | Change Addition                     |
| CITY-SY-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME   | NAME              |                               |                     | 5.2 NAME                              |  |                                     |
| TITLE  | STREET ADDRESS    |                               |                     | 5.3 STREET ADDRESS                    |  |                                     |
| NAME G.2 NAME  |                   |                               |                     | 5.4 CITY - ST - ZIP                   |  |                                     |
|  | TITLE             |                               | L DELETE            | 6.1 TITLE                             |  | L Change   Addition                 |
| 2019004 13002 c a  |                   |                               |                     | 6.2 NAME                              |  |                                     |
| V. Similar Municos   | STREET ADDRESS    |                               |                     | 6.3 STREET ADDRESS                    |  |                                     |
| V. Sinite Novies   | STREET ADDRESS    |                               |                     | 6.3 STREET ADDRESS                    |  |                                     |

14. Thereby 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.

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Allen

4/30/80

9044788HB

May 19 1998 8:00am

Secretary of State