**FILED** 

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90010 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000066958

AAA MINI STORAGE OF NEW SMYRNA BEACH AIRPARK DIV ISION, INC.

				_				
Principal Place of Business Mailing Address						1 (42))001 110 (211) 9161) 92111 90111 5111 92110 51110 51110 5161 9161 1011 1011		
720 MAGNOLIA	AVE.	720	MAGNOLIA ST				-	
NEW SMYRNA BEACH FL 32168			NEW SMYRNA BEACH FL 32168					
	•	•			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	
							09/06/1994	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				59-3269268 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	
22		27				_	5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28			_	Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of C	<del></del>	tered Agent	<del></del>			10. Name and Address of New Registered Agent	
					81	Name		
WILEY, DAVID J					82 Street Address (P.O. Box Number is Not Acceptable)			
720 MAGNOLIA AVE.						Street A	ddress (P.O. Box Number is Not Acceptable)	
NEW SMYRNA BEACH FL 32168				ł	83			
	J, , , , , , , , , , , , , , , , , ,	•						
ļ				İ	84	City	FL 85 Zip Code	
			_			L		
11. Pursuant	to the provisions of Sections 60	07.0502 and 60	)7.1508, Florida Statui	tes, the at	ove hv	e-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the	obligations of,	Section 607.0505, Flo	rida Statu	tes.		ation's board of anoticion. This by according appearance regions	
SIGNATURE		-						
SIGNATURE	Signature, typed or printed name of register	red agent and title i	applicable. (NOTE	: Registered	Agen	nt signature red	quired when reinstating) DATE	
12.	OFFICE	RS AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST		☐ DELETE	1.1 TIT	LΕ		☐ Change ☐ Addition	
NAME	WILEY, DAVID J			1.2 NA	ME			
STREET ADDRESS				1.3 ST	REET	TADDRESS		
1	CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		1.4 CITY-		V. 91	T. 7IP		
TITLE	D DELETE		_	2.1 TITLE		☐ Change ☐ Additio		
	υ –			2.2 NAME				
NAME	VERRONE, LOUIS					FADDOFOO		
STREET ADDRESS	1					ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL			2. 4 Ci			Director . ☐ Change X Addition	
TITLE,		· ·	DELETE	3.1 TIT			- Detector	
NAME				3.2 NA			David J Wiley 720 Magnolia St New Smyrna Beach FL 32168   Change   Addition	
STREET ADDRESS				3.3 \$1	REET	T ADDRESS	720 Magnolia St	
CITY-ST-ZIP				3.4. CI	TY-S	ST-ZIP	New Smunna Beach Fl 32168	
TITLE			☐ DELETE	4.1 TIT	LE		Change Addition	
NAME				4. 2 N	ME			
STREET ADDRESS				4.3 ST	REET	TADDRESS	•	
CITY-ST-ZIP				4.4 CIT	Y-81	T-ZIP		
TITLE	<del> </del>		☐ DELETE	5.1 TIT			☐ Change ☐ Addition	
			· <del>-</del>	5.2 NA		,		
NAME						T ADDRESS		
STREET ADDRESS						l l		
CITY-ST-ZIP	<u> </u>			5.4 CIT		1-ZIP	Change	
TITLE			☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME				6.2 NA				
STREET ADDRESS	l.			6.3 ST	REET	TADDRESS		

14. I hereby 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP