

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000067839 (8)

1. Corporation Name

BEACH SELF STORAGE, INC.



Principal Place of Business

**210 S. BISCAYNE BLVD.
SUITE 1600
MIAMI BEACH FL 33131**

Mailing Address

**210 S. BISCAYNE BLVD.
SUITE 1600
MIAMI BEACH FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 **4362 Northlake Blvd.**

26 **4362 Northlake Blvd.**

Suite/Apt. #, etc.

Suite/Apt. #, etc.

22 **211**

27 **211**

City & State

City & State

23 **Palm Beach Gardens FLA**

28 **Palm Beach Gardens FLA**

Zip

Zip

24 **33410**

29 **33410**

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

09/19/1995

4. FCI Number

65-0537376

Applied For

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

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

Jules S. Minker

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

4362 Northlake Blvd, Suite 211

83

84

Palm Beach Gardens FL

85 Zip Code **33410**

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MINKER, JULES S**
STREET ADDRESS **1301 DADE BLVD.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES. & Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4362 Northlake Blvd. Suite 211**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(4), 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: *[Signature]* **Jules S. Minker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 March 98 407-795-5660
Date Daytime Phone #

CR2E034 (12/95)