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 # P94000067839 (8)

BEACH SELF STORAGE, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Addr	ess		# EDDIEDELI ELIA SOLILI OLDIK BANKI BONIN DONIN DONIN KODOS IDNOT 1911/4 1811/4001
4362 NORTH SUITE 211 PALM BEACI US	ilake BLVD. H Gard ens fl 33410	SUITE 211	ilake BLVD. H gar de ns fl 334	10	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					09/15/1994
21	Place of Business	2a, Mailing A	ddress		4. FEI Number Applied For 65-0537376 Not Applicable
Suite, Apt.		Suite, Apt	. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Sta	le	City & Sta	te		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cc	ountry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	g, Name and Address of C	urrent Registered Ager)t	-	10. Name and Address of New Registered Agent
	NKER, JULES S.			81 Na	Name
	62 Northlake Blvd, suit ILM Beach Gardens fl 3:			82 Stre	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84 City	FL 85 Zip Code
i office of r	to the provisions of Sections 60' egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such of	iange was authoriza	ed by the d	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
	in taminar with, and accept the	obligations of, Section of	J7.0505, Florida Sta	aiutes.	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable	(NOTE: Register	ed Agent sign	gnature required when reinstating) DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE 1.11	TITLE	Change Addition
NAME	MINKER, JULES S		1,21	NAME	
STREET ADDRESS	4362 NORTHLAKE BLVD		1.3 \$	STREET ADDRE	MESS
CITY-ST-ZIP	PALM BEACH GARDENS	FL	1.4 0	CITY-ST-ZIP	Р
TITLE			DELETE 211	ITLE	Change Addition
NAME			2.21	NAME	
STREET ADDRESS			2.3 8	STREET ADDRES	RESS
CITY-ST-ZIP			2.4	CITY+ST-ZIP	IP
TITLE			DELETE 3.1 T	ITLE	Change Addition
NAME			3.2	NAME	
STREET ADDRESS			3.3 S	STREET ADDRES	AESS
CITY-ST-ZIP			3.4. (CITY-ST-ZIP	iP .
TITLE			DELETE 4.1 T	ITLE	☐ Change ☐ Addition
NAME			4.21	NAME	
STREET ADDRESS			4.3 \$	TREET ADDRES	RESS
CITY-ST-ZIP				ITY - ST - ZIP	
TITLE		L.J	DELETE 5.1 T	ITLE	Change Addition
NAME			5.2 N	IAME	
STREET ADDRESS			5.3 S	TREET ADDRES	RESS
CITY-ST-ZIP				ITY-ST-ZIP	
TITLE			DELETE 6.1 T	ITLE	Change Addition
NAME			6.2 N	IAME	
STREET ADDRESS			6.3 S	TREET ADDRES	RESS
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP	,

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.