FILED May 01, 2002 8:00 am & Secretary of State

05-01-2002 91581 006 ***150.00



1. Entity Name

BEACH SELF STORAGE, INC.

Principal Place of Business 4362 NORTHLAKE BLVD.

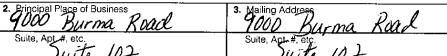
STE 217 PALM BEACH GARDENS FL 33410

Mailing Address

4362 NORTHLAKE BLVD.

STE 217

PALM BEACH GARDENS FL 33410





	7. 11.77 77.100	/ 1 V V L V		
Suite, Apt #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Por Beach Gardens Ala	Parm Roach	Sardens	4. FEI Number 65-0537376	Applied For Not Applicable
33403 Country	33403 - 3	untry 5	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MINKER, JULES S. 4362 NORTHLAKE BLVD		Name Street Address (P	D. Box Number is Not Acceptable)	
STE 217 PALM BEACH GARDENS FL 33410		Suite Situation	Durma Road 102 Board Condens Fl	Zin Code
8. The above named entity submits this statement for SIGNATURE Signature, typic or printed hame of registered agent and 9. This corporation is eligible to satisfy its Intangible.	\$	ered Agent signature required w	4//	7/02
Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 2002 Fe Make Check Payable to		Truct Fund Contribution	\$5.00 May Be Added to Fees
11. OFFICERS AND D	DIRECTORS 1	2.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11
TITLE PD NAME MINKER, JULES S STREET ADDRESS 4362 NORTHLAKD BLVD/STE 217 PALM BEACH GARDENS FL	N S	ITLE AME TREET ADDRESS TY-ST-ZIP PALM	o Burma Road Suit on Beach Gaulen , Fi	Change Addition A 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S	TLE AME IREET ADDRESS ITY-ST-ZIP	Janes Janes J. I	☐ Change ☐ Addition
TITLE	□ Delete 10	TLE		Change Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

REQUIRED