FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

800001478948
-05/08/95--01052--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000079479

1. Corporation Name: Rent-A-Cube, Inc

Principal Place of Business	Mailing Address
10966 NW 5 Ct Coral Springs FL 33071	

3. Date Incorporated or Qualified: 10/27/94
3a. Date of Last Report: ——

2. Principal Place of Business - As of 5/15	2a. Mailing Address
21 1564 NW 97 Terrace	26 Same as 21
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23 Coral Springs FL	City & State 28
Zip 24 33071 Country 25	Zip 29 Country 30

4. FEI Number: 65-0532885 ☐ 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

9. Name and Address of Current Registered Agent

Steven Keller
10966 NW 5 Ct
Coral Springs FL 33071

10. Name and Address of New Registered Agent as of 5/15

81. Name: Steven Keller
82. Street Address (P.O. Box Number is Not Acceptable): 1564 NW 97 Terrace
83.
84. City: Coral Springs FL 85. Zip Code: 33071

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] 4/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	TITLE	President ☒ Change ☐ Addition
NAME	Steven Keller	NAME	Steven Keller As of 5/15/95
STREET ADDRESS	10966 NW 5 Ct	STREET ADDRESS	1564 NW 97 Terrace
CITY-ST-ZIP	Coral Springs FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	DHS 11
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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)(k), 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] 4/28/95 (305) 755 0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #