

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90040 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE
		Katherine Harris
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # P94000084932

1. Corporation Name

CITY SELF - STORAGE, INC.



Principal Place of Business	Mailing Address
6327 EDGEWATER DR ORLANDO FL 32810	6327 EDGEWATER DR ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		11/18/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3284529	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
26		27		6. Election Campaign Financing Trust Fund Contribution	
27		28		<input type="checkbox"/> \$8.75 Additional <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes the current year Intangible Personal Property Tax.	
29		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHADER, STANLEY J 6327 EDGEWATER DR ORLANDO FL 32810				81 Name	SMITH, MARC M		
				82 Street Address (P.O. Box Number is Not Acceptable)	6327 EDGEWATER DR		
				83			
				84 City	FL	85 Zip Code	32810

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]* BY: *[Signature]* DATE *4/1/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME SHADER, RONALD J STREET ADDRESS 6327 EDGEWATER DR CITY-ST-ZIP ORLANDO FL 32810		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME SHADER, STANLEY J STREET ADDRESS 6327 EDGEWATER DR CITY-ST-ZIP ORLANDO FL 32810		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME SHADER, SMITH, LAURIE STREET ADDRESS 6327 EDGEWATER DR CITY-ST-ZIP ORLANDO FL 32810		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME SMITH, LAURIE S 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME SMITH, MARC M 4.3 STREET ADDRESS 6327 EDGEWATER DR 4.4 CITY-ST-ZIP ORLANDO, FL 32810	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* KATHERINE HARRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *3/16/99* (407) 297-3683
 Daytime Phone #