

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996-2-96

B-7533

DIVISION OF CORPORATIONS

C

DOCUMENT # P94000089947 (3)

1. Corporation Name

STORAGE SOLUTIONS OF POMPANO, INC.

Principal Place of Business

Mailing Address

111 S. FED. HWY  
POMPANO BEACH FL 33062

480 S.E. 9TH AVE.  
POMPANO BEACH FL 33060



2. Principal Place of Business

2a. Mailing Address

21 480 S.E. 9TH AVE

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

09/15/1995

4. FEI Number

65-0544665

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

JAMES, DONALD L  
480 S.E. 9TH AVE.  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME JAMES, DONALD L  
STREET ADDRESS 111 S. FED. HWY  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald L. James DONALD L. JAMES

7/4/96 (954) 785 6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Original Filing #

CR2E034 (3/96)