

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006330 (1)

1. Corporation Name

ALL AMERICAN SELF STORAGE INC.



Principal Place of Business

P.O. BOX 555
PLACIDA FL 33946

Mailing Address

P.O. BOX 555
PLACIDA FL 33946

2. Principal Place of Business

2a. Mailing Address

21 10500 Winborough DR.

26 10500 Winborough DR.

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
N/A

4. FFL Number
65-0580904

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BOSSEY, RICHARD JR.
10500 WINBOROUGH DR.
PORT CHARLOTTE FL 33981

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)

(If Not a Registered Agent, signature is not required)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------|
| TITLE | D | DELETE |
| NAME | BOSSEY, RICHARD JR. | |
| STREET ADDRESS | P.O. BOX 555 N/A | |
| CITY- ST- ZIP | PLACIDA FL 33946 | |
| TITLE | D | DELETE |
| NAME | BOSSEY, PATRICIA | |
| STREET ADDRESS | P.O. BOX 555 N/A | |
| CITY- ST- ZIP | PLACIDA FL 33946 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|------------------------|--------|----------|
| 1. TITLE | P/T/D | Change | Addition |
| 2. NAME | BOSSEY, RICHARD JR. | | |
| 3. STREET ADDRESS | P.O. BOX 553 N/A | | |
| 4. CITY- ST- ZIP | PLACIDA, FLORIDA 33946 | | |
| 5. TITLE | V/S/D | Change | Addition |
| 6. NAME | BOSSEY, PATRICIA | | |
| 7. STREET ADDRESS | P.O. BOX 553 N/A | | |
| 8. CITY- ST- ZIP | PLACIDA, FLORIDA 33946 | | |
| 9. TITLE | | Change | Addition |
| 10. NAME | | | |
| 11. STREET ADDRESS | | | |
| 12. CITY- ST- ZIP | | | |
| 13. TITLE | | Change | Addition |
| 14. NAME | | | |
| 15. STREET ADDRESS | | | |
| 16. CITY- ST- ZIP | | | |
| 17. TITLE | | Change | Addition |
| 18. NAME | | | |
| 19. STREET ADDRESS | | | |
| 20. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

941-698-6480

DATE

Telephone Number

CR2E034 (12/95)