FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000006330 (1)**

ALL AMERICAN SELF STORAGE INC.

FILED Mar 26 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 10500 WINBOROUGH DRIVE 10500 WINBOROUGH DRIVE PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981-3813 US US					—)	PANIA DONTO DIPER	JAI DO VANA	19 11 1891
US		US			3. Date Incorporated or Qualified 01/20/1995	ited or Qualified Sa. Date of Last Report 04/05/1996		
2. Principal P	Sacre of Business	2a, Mailing Address	2a. Mailing Andress		4. FEI Number	Applied For		
21		26			65-0580904			t Applicable
Suite, Apt		Suite, Apt. #, etc			5. Certificate of Status Desired	Fee Hequired		
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
- Ζφ 	Country	Zip	Country	•	8. This corporation has liability for i	ntangible tax		. 199.032,
4	[25]		30			Yes 🔲 N		
D/C	9, Name and Address of Curi	rent Hegistered Agent	81	Name	10. Name and Address of New Re	isterea Age	<u> </u>	
	SEY, RICHARD JR. 30 WINBOROUGH DR.			l		·		
	T CHARLOTTE FL 33981		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
. •			83					
			84	City	······································	FL ⁸	5 Zip (Code
SIGNATURE 12.		AND DIRECTORS	13.	nt signature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFFICE			
1-11 t	PTD Bossey, Richard Jr.	DELETE	11 TITLE				Charige	Additio
NAME COLUMN AL COURS	P.O. BOX 563 N/A		1,2 NAME	**************************************				
STNEE ASORESS CITY-S1-244	PLACIDA FL		1.3 STREET 1.4 CHY-5					
	VSD	DELETE	2 1 TITLE				Change	Additio
N ^M	BOSSEY, PATRICIA		2.2 NAME					
SHREET ADDRESS	P.O. BOX 563 NA		2.3 STREET	ADORESS				
CE v 52 76	PLACIDA FL	Deter	2 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			1 7
THE		L DELFTE	3 1 TITLE 3 2 NAME			لسا	Change	Additio
Stabil Attition			3.3 STREET	ADDRESS				
City 51 Zii			3.4 CITY -					
Title		DELETE	4.1 TITLE				Charige	Additio
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CMY SI-ZIP TILE		DETEIF	4.4 CITY - 5 5.1 TITLE	T-ZIP			Change	Additio
NAM		End face in	5.2 NAME	ļ			Juliango	LJ FRIGHTI
STREET ADDRESS			5 3 STREET	ADDRESS				
Offy-S1-70			5.4 CITY-5					
1071.1		DELETE	6.1 TITLE				Change	Additio
NSME			6.2 NAME					
SMEET ADDRESS.			6.3 STREET	Į.				
CHY-\$1, ZII			6.4 CITY-5	1 - 71P				

14. I do nereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplicition that it true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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:

AME OFFICIAL OFFICER OF DIRECTOR

3/20/97

541 968 6980 Dayting From #