

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

**FILED**  
**Mar 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000011345 (2)**  
 1. Corporation Name  
**AUTO MALL STORAGE, INC.**



Principal Place of Business <b>551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415</b>	Mailing Address <b>551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>02/09/1995</b>	
<b>4.</b> FEI Number <b>XAPPLIED FOR 65-0733691</b>	Applied For <input type="checkbox"/> Not Applicable
<b>6.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**THOMPSON, DOUGLAS E**  
**4524 GUN CLUB ROAD**  
**SUITE 101**  
**WEST PALM BEACH FL 33415**

**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 *DOUGLAS E. THOMPSON* **DOUGLAS E. THOMPSON** **01/26/98**

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 <b>DPS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STALUPPI, JOHN</b>	
STREET ADDRESS <b>551 S. MILITARY TRAIL</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33415</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>NELSON, ROBERT H</b>	
1.3 STREET ADDRESS <b>375 PARK AVENUE 22ND FLOOR</b>	
1.4 CITY-ST-ZIP <b>NEW YORK, NY 10152</b>	
2.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>PROVENZO, NICHOLAS C</b>	
2.3 STREET ADDRESS <b>551 SOUTH MILITARY TRAIL</b>	
2.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>SMITH, JR., PHILIP N</b>	
3.3 STREET ADDRESS <b>375 PARK AVENUE 22ND FLOOR</b>	
3.4 CITY-ST-ZIP <b>NEW YORK, NY 10152</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>WINTERS, KARL H</b>	
4.3 STREET ADDRESS <b>375 PARK AVENUE 22ND FLOOR</b>	
4.4 CITY-ST-ZIP <b>NEW YORK, NY 10152</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE *NICHOLAS C. PROVENZO* **NICHOLAS C. PROVENZO** **01/26/98 (561) 683-7100**  
 VICE PRESIDENT

CR2E034 (10/97)