

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000060002 (9)**

1. Corporation Name

**TURNER STORAGE, INC.**

Principal Place of Business

**560 NW 27 AVE  
FT LAUDERDALE FL 33311**

Mailing Address

**PO BOX 9561  
CORAL SPRINGS FL 33075  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 9561**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VERNON, SANDRA +  
560 NW 27 AVE  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name

**SANDRA BRONNENBERG**

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

**P.O. BOX 9561**

83

84 City

**Coral Springs**

**FL**

85 Zip Code

**33075**

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

*Sandra Bronnenberg*

**3/25/98**

Signature of agent or printed name of registered agent is a title if applicable. (If Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | <b>STD</b>               | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VERNON, SANDRA +</b>  | 1.2 NAME  | <b>SANDRA BRONNENBERG</b>  |
| STREET ADDRESS             | <b>560 NW 27 AVE</b>     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>PD</b>                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TURNER, CURTIS</b>    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>560 NW 27 AVE</b>     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VD</b>                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BLACK, JACQUELINE</b> | 3.2 NAME  |  |
| STREET ADDRESS             | <b>560 NW 27 AVE</b>     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 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:

*Sandra Bronnenberg*

**3-25-98**

CR2E034 (10/97)