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 # P95000087689 (2)

A LITTLE EXTRA SPACE INC.

Princ-pal Place of Business

9050 17TH PLACE VERO BEACH FL 32968 Mailing Address

9050 17TH PLACE

FILED Apr 09 1997 8:00am Secretary of State



VERO BEACH FL 32968		VERO BEACH FL 32966-6601						
				3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report 05/01/1996			
2. Principal P	hace of Business	2a. Mailing Address A LITTLE EXTRA			4. FEI Number	•	A	pplied For
21		26 SPACE INC c/o J.EASTMAN			65-0625869			lot Applicable
Sute, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27 2820 N E 29 STREET		Fee Required			·····	
City & State 23		City & State 28 LIGHTHOUSE PT, FLORIDA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Gountry 25	Zip 29 33064	Count	,	8. This corporation has liability for i	intangible ta 7 Yes - [7]		s. 199.032,
24	9. Name and Address of Curre		1901 BKI	OWARD	10. Name and Address of New Re			
EASTMAN, JOSEPH J				1 Name				
	O NE 29TH STREET		8	Chroma Andria	ress (P.O. Box Number is Not Acceptab	lo)		
	ITHOUSE POINT FL 33064				ress (P.O. Box Number is Not Acceptat			
			8				, , , , , , , , , , , , , , , , , , , 	
			8	4 City	t	FL	85 Zip	Code
agent. La SIGNATURE					tion's board of directors. I hereby accep			a registered
	Signal or appending printed many of registrated as	ort and title if applicable f	NOTE: Registered A	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND F	DIRECTO	IRS IN 12
12.	OFFICERS AI	DELETE	1.1 TITLE	:	ADDITIONS/OFFAINGES TO OFFIC		Change	
Table NAME	EASTMAN, JOSEPH J	בַ טנננונ	1.2 NAM			_		
SURELL ADDISESS	2820 NE 29 ST.			ET ADORESS				
City - St - ZiP	LIGHTHOUSE PT. FL 33064		1,4 City					
1/1F	ST	DELETE	2.1 TITLE				Change	Addition
NAM	MARSH, EUZABETH L		2.2 NAM	E				
STREET ASSURESS	3660 RIVERWOODS DR.		2.3 STRE	ET ADDRESS				
CHY ST ZIP	FT. PIERCE FL 34946		2. 4 CITY	'-ST-ZIP				
TIME		DEFELE	3.1 THTLE			Ĺ	Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			1	ET ADDRESS				
City St 20		- I priese	3 4. CITY				Change	Addition
THLE		L] DELETE	41 11718			L		LJ AODREON
NAME			4. 2 NAM					
STREET AFORESS				ET ADDRESS				
CHY SLAF THE		DELETE	4.4 CITY 5.1 TITLE				Change	Addition
NAMI		hand something	5.2 NAM			-		
STREET ADORESS				ET ADDRESS				
CHY SEZE			5.4 CITY					
18tf		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	E	•			
STREET A TIDRESS				ET ADDRESS				
CHY+\$1+70*			6 4 CITY					
14. i do here	Leby certify that the information suppli	ed with this filing does not q	ualify for the e	xemption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify the	at the

Table the properties that the information supplies with this failing does not quality for the exhibition stated in section 1907 (A), in formation 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 eath; 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 an an affairment with an address.

SIGNATURE:

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3/97 (954)781-3853