

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011253 (7)
 1. Corporation Name
AAA STORAGE TRAILERS, INC.



Principal Place of Business 5605 S. WESTSHORE BLVD. TAMPA FL 33616	Mailing Address 5605 S. WESTSHORE BLVD. TAMPA FL 33616-1023
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1996		3a. Date of Last Report	
21	26	4. FEI Number 59-3362916		Applied For		Not Applicable	
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHIFINO, WILLIAM J JR. 201 N. FRANKLIN ST. ONE TAMPA CITY CENTER, STE. 2800 TAMPA FL 33602				81 Name	JIMMY SAN MARTIN, JR.		
				82 Street Address (P.O. Box Number is Not Acceptable)	5605 S. WESTSHORE BLVD.		
				83			
				84 City	TAMPA	85 State	FL

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: *Jimmy San Martin, Jr.* **JIMMY SAN MARTIN, JR. PRESIDENT** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	JIMMY SAN MARTIN, JR.
		1.3 STREET ADDRESS	5605 S. WESTSHORE BLVD.
		1.4 CITY-ST-ZIP	TAMPA, FL 33616
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	LILY SAN MARTIN
		2.3 STREET ADDRESS	5605 S. WESTSHORE BLVD.
		2.4 CITY-ST-ZIP	TAMPA, FL 33616
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	MICHELLE L. SAN MARTIN
		3.3 STREET ADDRESS	5605 S. WESTSHORE BLVD.
		3.4 CITY-ST-ZIP	TAMPA, FL 33616
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	GINA L. MITCHELSON
		4.3 STREET ADDRESS	5605 S. WESTSHORE BLVD
		4.4 CITY-ST-ZIP	TAMPA, FL 33616
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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.

(813) 835-4148

SIGNATURE: *Jimmy San Martin, Jr.* **SIGNATURE REQUIRED JIMMY SAN MARTIN, JR., PRES. APRIL 23, 1997**

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)