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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000059631

NATION'S AUTO STORAGE, INC.

| MAIION | o noto oformal, mo- | | | | | | | | | |
|---|---|---|-------------------------------|--------------------|-----------------------------------|-----------|--|----------------------------------|------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | | 1 10051466 1(8 10156 01511 10115 00151 00411 00141 | I BILLE IENES EILES | (iidi iib) (ddi | |
| 2718 W OAKLAND PK BLVD 2718 W. OAKLAN FT LAUDERDALE FL 33311 FT. LAUDERDALI | | | | | | | | | | |
| US 11. ENGLINATE 12 33011 | | | | DO | | | DO NOT WRITE IN THIS | NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. | . Date Incorporated or Qualifed | | | |
| | | | | | | | 07/16/ <u>199</u> 6 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. | , FEI Number | Apr | plied For | |
| 21 | | 26 | 26 | | | | 65-0682940 | No | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. | , Certifcate of Status Desired | \$8.75 A Fee Re | | |
| City & State | e | City & State | | | | 6. | . Election Campaign Financing | \$5.00 | May Be | |
| 23 | - | <u>⊢</u> ` | 28 | | | " | Trust Fund Contribution | Added to | | |
| Zip | Country | Zip | Co | untry | | 8. | . This corporation owes the current year in | tangible | | |
| 24 | 25 29 30 | | | | Personal Property Tax. ☐ Yes ☐ No | | | □No | | |
| 24] | 9. Name and Address of Current Registered Agent | | | - | | 10. | . Name and Address of New Registered | Agent | | |
| | | | | 81 | Name | | | | | |
| COURNTNEY, LARRY C 2718 W. OAKLAND PK. BLVD | | | | 82 | Street Ad | ddress (F | P.O. Box Number is Not Acceptable) | | | |
| FT. LAUDERDALE FL 33311 | | | | 83 | | | | | | |
| | | | | 84 | City | | | 85 Zip C | | |
| | | | | 04 | City | | F! | _ 05 2.5 (| / | |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change w tions of, Section 607.0505 | as authorize , Florida Sta | ed by tatutes. | ne corpora | ation s D | on submits this statement for the purpose o locard of directors. I hereby accept the appo | f changing its intment as reg | registered gistered | |
| 0.011110112 | Signature, typed or printed name of registered ager | | NOTE: Registere | | signature requ | | | UD DUDEOTO | 70 01 40 | |
| 12. | | | 13 | | | | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition | |
| TITLE | D | DELETI | | TITLE | | | | □ Change | | |
| NAME | KASHETA, RICHARD J | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1430 W RIVER DRIVE | | 1.3 5 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | D DELETE 2. | | 2.17 | 2.1 TITLE | | | | Change | ☐ Addition | |
| NAME | KASHETA, LINDA S | | 2.21 | 2.2 NAME | | | | | ļ | |
| STREET ADDRESS | 1430 W RIVER DRIVE 2 | | 2.3 | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | 2. 4 | CITY-ST | - ZIP | | | · | | |
| TITLE | D | DELET | E 3.1 | TITLE | | | | Change | ☐ Addition | |
| NAME . | COURTNEY, LARRY C | | 3.21 | NAME | | | | | | |
| STREET ADDRESS | 27 TO THE GRAD DITE DEVO. | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | Change | Addition | | |
| TITLE | —————————————————————————————————————— | | 4.1 TITLE 4.2 NAME | | | | | _ " | | |
| NAME | | | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | □ nei et | | CITY-ST | ZIP | | | ☐ Change | Addition | |
| TITLE | | ☐ DELÉT | | TITLE | | | | | | |
| NAME | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 | CITY-ST | -ZIP | | | | | |

6.4 COPY-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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIRED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90054 030 ***150.00

CR2E034 (11/98)

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