SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jul 21 1997 8:00am Secretary of State

	MENT # P96000 IAL STORAGE OF ORLANDO		•		
Principal Place of Business		Mailing Address			
4498 S VINELAND RD 4498 S VINELAND RD					
ORLANDO FL 32811		ORLANDO FL 32811		DO NOT WRITE	INITUIC COACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				08/14/1996	San Dalo of Edot Hopon
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3400318	Not Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	☐ Added to Fees
24	25	29	30	8. This corporation owes or has pail Personal Property Tax due June	- · - ·
	9. Name and Address of Curren		1001	10. Name and Address of New Reg	
MOON, WALTER R 1218 E ROBINSON ST ORLANDO FL 32801			81 Name 82 Street 4 4 83	Bradley R. Chase Address (P.O. Box Number is Not Acceptab 98 S. Vineland Road	le)
			84 City	Orlando	FL 85 Zip Code 32811
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 Signature, typed or printed name progressed agont and title it applicable (NOTE: Registered				required when reinstating)	76/7 / DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	CHASE, BRADLEY R		1.2 NAME	120 N Coming Tale	
STREET ADDRESS	65 W COLONIAL DR		1.3 STREET ADDRESS	120 N. Spring Lake Altamonte Springs,	
CITY-ST-ZIP	ORLANDO FL 32801	DELETE	1.4 CITY - ST - ZIP	Arcamonce Springs,	
NAME	CHASE, LYNDE		2.1 TITLE 2.2 NAME		Change
STREET ADDRESS	65 W COLONIAL DR		2.2 NAME 2.3 STHEET ADDRESS	120 N. Spring Lake	Drive
CITY-ST-ZIP	ORLANDO FL 32801		2 4 CITY-ST-ZIP	Altamonte Springs,	FL 32714
TITLE	D	DELETE	3 1 1/ILE		Change Addition
NAME	MESSER, CARL R	•	3.2 NAME		
STREET ADDRESS	l		3.3 STREET ADDRESS	2131 Pontiac Road	
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY - ST - ZIP	Auburn Hills, MI 4	8326
TITLE	D	DELETE	4.1 THE		Change
NAME	SCHELL, ARTHUR L		4. 2 NAME	730 Pinellas Bayway	
STREET ADDRESS	65 W COLONIAL DR		4.3 STREET ADDRESS	Tierra Verde, FL 3	3715
CITY-ST-ZIP	ORLANDO FL 32801	☐ DELETE	4.4 C(TY - ST - ZIP	verue, FB 3	
TITLE NAME		☐ OFFEIF	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

7/11/1- 1/17/11/17