

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90028 031 ***150.00

0113452

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000069811

1. Corporation Name
SORENSEN PALM BAY SELF STORAGE, INC.



Principal Place of Business 950 EAU GALLIE BLVD MELBOURNE FL 32935	Mailing Address 950 EAU GALLIE BLVD MELBOURNE FL 32935
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996	
21		26		4. FEI Number 59-3400463	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
22. Suite, 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 Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYD, JOEL E 7380 MURRELL RD SUITE 100 MELBOURNE FL 32940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, SCOTT	1.2 NAME	
STREET ADDRESS	950 EAU GALLIE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, JOAN	2.2 NAME	
STREET ADDRESS	950 EAU GALLIE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLEN, JOHN	3.2 NAME	Mollen, John
STREET ADDRESS	3935 HIDDEN OAKS LANE	3.3 STREET ADDRESS	6432 Renwick Cir.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLEN, BONNIE	4.2 NAME	Mollen, Bonnie
STREET ADDRESS	3935 HIDDEN OAKS LANE	4.3 STREET ADDRESS	6432 Renwick Cir.
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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. 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.

SIGNATURE: _____ SIGNATURE REQUIRED


SIGN HERE
 Date: _____ Day: _____

CR2E034 (1/98)