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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091642 (4)

FORT MYERS SELF STORAGE, INC.

FILED Mar 10 1998 8:00am Secretary of State

	I PROJUCO NO ENGLE COM ENTRE
Principal Place of Business Mailing Address	- T TORNICON COR IBSSER BYNKE BASSER ORDIN MUNICUPLING LINGUE BYRDIR BONCO MIRCOR CONT.
the west was an estate yet of the yet of the second of the	
COMPLESPRINGS PE 35011 PC SOFT SPRINGS AC 3367/	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
	11/05/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 9 Colonial DR 26 9 Colonial DR	65-0729188 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional
22 27	Fee Required
23 fracumabale, und 28 fracuma duce My	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country US Zip Country U	8. This corporation owes or has paid the current year Intangible
24 1/7:35 25 MARSHAND 29 1.735 30 MARSHAND	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARKOWITZ ANDREAD CIVETY Schepp 81 Name C	ches Schepp
CONSTRUCT OF DELLA	ss (P.O. Box Number is Not Acceptable)
CORAL SPRINGS RE33071 / (COLOUSIAN COLOUSIAN C	Sauce Johns Lus
formingence 83	
Lataring 184 City	- 85 Zio Code
1 my 11731 1 Parmi	City FL 3/990
11. Pursuant to the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpordice or registered agent, for both, in the State of Floring Such change was authorized by the corporationagent. Lam familiar with and accept the obligations of Section 607.0505, Florida Statutes.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE SIGNATURE	1/12/58
Signature, typist or printest or an of registered agent and filling applicable (NOTE: Registered Agant signature require	
12. OFFICERS AND DIRECTORS . 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME MARKOWITZ, ANDREA 11 TITLE P 12 NAME	and south & to prompt of
SIREET ADDRESS 12020 NORTHWEST 2ND DRIVE 1.3 STREET ADDRESS / 4	12 Same Johns Lus
CODE CODE CO	S C. S Q 3V990
TITLE D 1.4 CITY-ST-ZIP COHAL SPHINGS FL 330/1 1.4 CITY-ST-ZIP COHAL SPHINGS FL 330/1	Change Addition
NAME SCHIAFONE, SALVATORE A 22 NAME 32	wes School
STREET ADDRESS 18161 OLD DOMINION COURT 23 STREET ADDRESS Q	NO LANGORO
CITY-ST-ZIP FORT MYERS FL 33908 2.4 CITY-ST-ZIP	commediate 11735
TITLE DELFTE 3.11ITLE	Change Addition
NAME EXAMP 32 NAME	
STREET ADDRESS OF A MONTH A 33 STREET ADDRESS	
CHY-ST-ZIP 34.CHY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
City-S1-ZIP 4.4 CITY-S1-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP 5.4 CITY-S1-ZIP	
TITLE DELETE 61TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

14. Thereby certify that the information supplied with this filling does not quality 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 of the receiver or true composered 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 in an attachment with an address.

SIGNATURE:

non Lines

1/12/98

212-908-5135