

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

FILED

Apr 14 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 # **P96000094208 (1)**

1. Corporation Name
ECONOMY STORAGE INC.



Principal Place of Business 1428 SEAGRAPE CIRCLE 200 Montclair Dr. FORT LAUDERDALE FL 33326	Mailing Address 1428 SEAGRAPE CIRCLE 200 Montclair Dr. FORT LAUDERDALE FL 33326-2724
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2. Principal Place of Business 21 200 Montclair Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 200 Montclair Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
22 City & State 23 Weston, FL Zip Country 24 33326 25 USA		27 City & State 28 Weston FL Zip Country 29 33326 30 USA		4. FEI Number 43-1432388 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Weston, FL		28 Weston FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERNANDEZ, CHRISTINE 1428 SEAGRAPE CIRCLE FORT LAUDERDALE FL 33326				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200 Montclair Drive 83 84 City Weston FL 85 Zip Code 33326			
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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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **President** DATE **4-3-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE President				1.1 TITLE			
2. NAME Carlos Hernandez				1.2 NAME			
3. STREET ADDRESS 200 Montclair Dr.				1.3 STREET ADDRESS			
4. CITY-ST-ZIP Weston, FL 33326				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. TITLE Vice-President / Secretary				2.1 TITLE			
6. NAME Christine Hernandez				2.2 NAME			
7. STREET ADDRESS 200 Montclair Dr.				2.3 STREET ADDRESS			
8. CITY-ST-ZIP Weston, FL 33326				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
9. TITLE				3.1 TITLE			
10. NAME				3.2 NAME			
11. STREET ADDRESS				3.3 STREET ADDRESS			
12. CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. TITLE				4.1 TITLE			
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
17. TITLE				5.1 TITLE			
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21. TITLE				6.1 TITLE			
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (954) 349-2135
Date Daytime Phone #

0206516

CR2E034 (9/96)