

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019458 (3)

1. Corporation Name

SECURE STORAGE OF BONITA SPRINGS, INC.

Principal Place of Business 4501 NORTH TAMiami TRAIL, #300 NAPLES FL 34103	Mailing Address 4501 NORTH TAMiami TRAIL, #300 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24 4381 S. Tamiami Trail Suite, Apt. #, etc 22 City & State 23 Bonita Springs, Florida Zip 24 34134		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/03/1997	
4. FEI Number 65-0735966		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HAINS, TIMOTHY G 4501 NORTH TAMiami TRAIL, #300 NAPLES FL 34103				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Wallace J. Kluberanz
STREET ADDRESS		1.3 STREET ADDRESS	c/o 4501 N. Tamiami Trail, #300
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Drew N. Attanasio
STREET ADDRESS		2.3 STREET ADDRESS	85 Caribbean Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, Florida 34108
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Karen Attanasio
STREET ADDRESS		3.3 STREET ADDRESS	85 Caribbean Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, Florida 34108
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lois I. Kluberanz
STREET ADDRESS		4.3 STREET ADDRESS	c/o 4501 N. Tamiami Trail, #300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, Florida 34103
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; 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

2/18/98

SIGNATURE: *Drew N. Attanasio* VP Drew N. Attanasio, Vice President 941-514-1037

CR2E034 (10/97)