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

	MENT # P97000 ESSIVE AUTO STORAGE, II				
Principal Place of Business Mailing Address 740 BALD EAGLE DRIVE 740 BALD EAGLE DRIVE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145			<u></u>	I TODATIONAL HID INSKE FROM ONAHE ONAHE ONAH ONAH INGKE NAHE OHIO HIDI HILI INGKE	
			E		
				DO NOT WINTE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				06/24/1997	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number Applied For	
21		26		59-3Y58827 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional	
22 27			Fee Required		
City & State	0	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 paid the current year Intangible Personal Property Tax due June 30. Yes No	
164	g. Name and Address of Current		1301	10. Name and Address of New Registered Agent	
KFI	LLY, MICHAEL R		81 Nan	ne	
	1218 TREASURE COURT			et Address (P.O. Box Number is Not Acceptable)	
MARCO ISLAND FL 34145			82 Stre	of Address (i.e., box Admes is Not Addeptable)	
			83		
l			84 City	■■ 85 Zip Code	
				ed corporation submits this statement for the purpose of changing its registered	
CICNATURE	m familiar with, and accept the oblina Signature, typed or printed name of registered acceptance. OFFICERS AND	ı and tile il applicable (NC		ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change Addition	
NAME	KELLY, MICHAEL R		1.2 NAME		
STREET ADDRESS	1218 TREASURE COURT		1.3 STREET ADDRES	ss	
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 City-St-ZiP		
TITLE	STD	DELETE	21 TITLE	☐ Change ☐ Addition	
NAME	KELLY, LISA M		2.2 NAME		
STREET ADDRESS	8023 PANTHER TRAIL #902		2.3 STREET ADDRES	SS	
CITY+ST-ZIP	NAPLES FL 34113		2 4 CITY-ST-ZIP		
TITLE	!	☐ DELETE	3.1 TITLE	L_I Change L_I Addition	
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRES	is	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	Change Addition	
RAME		- Orccit	4.1 TILLE 4.2 NAME	Li crango Li Xadillon	
STREET ADDRESS			4.3 STREET ADDRES		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	s	
CITY-ST-ZIP	i		5.4 CITY - ST - ZIP		
TITLE	-	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	is	

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.

SIGNATURE:

Michael & Kells

1/20/98

941-641-4944

FILED

Apr 24 1998 8:00am

Secretary of State