

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000064310 (0)

1. Corporation Name

FORT KNOX STORAGE, INC.



Principal Place of Business

%ROBERTS & SALAZAR, L L P  
50 W MAHTA DRIVE, SUITE 2  
KEY BISCAYNE FL 33149

Mailing Address

%ROBERTS & SALAZAR, L L P  
50 W MAHTA DRIVE, SUITE 2  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65 0773355

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 3111 SW 14th CT

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

23 Pompano Beach FLA

Zip

24 33069

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SALAZAR, LISETTE  
%ROBERTS & SALAZAR, L L P  
50 W MAHTA DRIVE, SUITE 2  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

ALDO L. Di Sorbo

82 Street Address (P.O. Box Number is Not Acceptable)

3111 SW 14th CT

83

84 City

Pompano Beach FL

FL

85 Zip Code

33069

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

8-30-98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FEI, ISRAEL  
STREET ADDRESS 14 KARO STREET  
CITY-ST-ZIP TEL-AVIV 67014, ISRAEL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR  
1.2 NAME ALDO L. Di Sorbo  
1.3 STREET ADDRESS 5700 Gulf Frey Rd  
1.4 CITY-ST-ZIP Pompano Beach FL 33067 ☒ Change ☒ Addition

2.1 TITLE DIRECTOR  
2.2 NAME STEFANO Di Sorbo  
2.3 STREET ADDRESS 5700 Gulf Frey Rd  
2.4 CITY-ST-ZIP Pompano Beach FL 33067 ☐ Change ☒ Addition

3.1 TITLE DIRECTOR  
3.2 NAME ANTHONY Di Sorbo  
3.3 STREET ADDRESS 5700 Gulf Frey Rd  
3.4 CITY-ST-ZIP Pompano Beach FL 33069 ☐ Change ☒ Addition

4.1 TITLE DIRECTOR  
4.2 NAME MIKE Di Sorbo  
4.3 STREET ADDRESS 5700 Gulf Frey Rd  
4.4 CITY-ST-ZIP Pompano Beach FL 33067 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 or changed, or on an attachment with an address.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/98

CR2E034 (5/98)