## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000066698

Country

9. Name and Address of Current Registered Agent

25

1290 E. OAKLAND PARK BLVD.

DOBEK, SHERYL L ESQ.

FT LAUDERDALE FL 33334

POMPANO SELF-STORAGE, INC.

Principal Place of Business 2551 NW 15 COURT

2. Principal Place of Business

Suite, Apt. #, etc.

#102B

City & State

22

23

24

Zipi

POMPANO BEACH FL 33069

Mailing Address

2551 NW 15 COURT

2a. Mailing Address

City & State

Suite, Apt. #, etc

26

27

28

29

Zip

POMPANO BEACH FL 33069

## FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90009 045 \*\*\*550.00



DO NOT WRITE IN THIS	SPACE
3. Date Incorporated or Qualified 08/01/1997	
4. FEI Number	Applied For
65-0794736	Not Applical
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 the current year Intangible Personal Property.	Yes No
10. Name and Address of New Registered	Agent

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

83

84

Country

Name

City

Street Ac

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 applicab	le (NOTE	: Registered Agent signature regul	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR	<del></del>	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		Change Addition		
NAME	DOBEK, GERALD J	D200.4	1.2 NAME		<del></del>		
STREET ADDRESS	2551 NW 15TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP				
TITLE :	TOTAL PROPERTY OF THE PROPERTY	DELETE	2.1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS	<u> </u>		2.3 STREET ADDRESS	_			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		•		
TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME		<u> </u>		
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4.2 NAME		_		
STREET ADDRESS			4.3 STREET ADDRESS		İ		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		j		
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiTY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME.				
TREET ADDRESS	,		6.3 STREET ADDRESS				
TTV-ST-7IP			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.

SIGNATURE:

GNATURE REQUIRED

9-10-99

954-973-3600