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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

CITY - ST - ZIP

P97000086663 (6)

ODESS	A STORAGE, INC.								
Principal Place	e of Business	Mailing A	Mailing Address						
GLADES BUILDING. SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702		GLADES 877 EXE	GLADES BUILDING. SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		ļ
Deire sin of Di	to a of Division		N. Kalakana				10/07/1997	<del></del>	
	lace of Business	<b>⊢</b> ¬	g Address				4. FEI Number 59-3473650	<del></del>	oplied For
Suite, Apt.	# atc	[26] Suito	Apt. #, etc.					\$8.75	ot Applicable
22	n, oto.	27	7 q20. <b>11, 0</b> 10.				5. Certificate of Status Desired		equired
City & State	e		City & State			·	6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes or has paid the cu		
24	25	29		30			1 -		No No
	g. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Registered	Agent	
MA	SCARA, ERNEST L				81	Name			
GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST				ŀ	82	Street Ad	ot Address (P.O. Box Number is Not Acceptable)		
ST	PETERSBURG FL 33702			Ì	83				
				}	84	City		85 Zip (	Code
						O.,	FL	. 00 25	0000
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with land accept the obig	02 and 607,150 e of Florida, Suc gations of, Sceli	8, Florida Stati di change was on 607.0505, F	ites, the ab authorized Jorida Statu	ove-l l by t ites.	named co he corpor	orporation submits this statement for the purpose or ration's board of directors. I heroby accept the app	f changing it pointment as	is registered registered
SIGNATURE	<u> </u>								
<del></del>	Signature: typed or period name of registers as OF CICELDS: As	nes and tilled applica ND DIRLCTORS			Agent	signature rec	Outred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	O DIBECTOE	20 IN 10
12.	D	AD OUR CLOSS	DELETE	13.	. F		President	Change	Addition
NAME	MAGBARA, ERINEST L			1.2 NA		] ]	Michael T. Novak		
STREET ADDRESS	977 EXECUTIVE CENTER DI	WEST SHITE				DIDRESS :	Michael T. Novali 877 Executive Conter E	soll.ve	126503
CITY-ST-ZIP	ST-PETERSBURG FL 33702		. 000	1.4 0/1		7IP	St. Petersburg Fl. 3	<b>5702</b>	ľ
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NAME				2.2 NA	Μŧ	]			
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STREET ADDRESS				6.3 STF	REET AL	DDRESS	-U6/U2/38U1U31U	<del>t</del> o	

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). For do 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 13 if changed, or on an attachment with an address.

6.4 CITY- ST-ZIP

\*\*\*5850.00