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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000104415 (9)

FILED Mar 03 1998 8:00am Secretary of State

SELF S	Storage of Jupiter, inc).			8101 8181 8180 8180 1180 818 888
Principal Place of Business Mailing Address					JENN DION ENDO, NACE ON TOOL
4382 NORTHLAKE BLVD., STE. 217 4362 NORTHLAKE BLVD., STE. 217					
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL				1	
				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	
				12/11/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23	0	_ ├ `		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z ip	Country	This corporation owes or has paid the corporation of the corporation ower or has paid the corporation of the corporati	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer		1901	10. Name and Address of New Registers	
POLLER, NEALE J BI Name Jules S. MINNER					
				and (B.O. Boy Number is Not Assessable)	
CORAL GABLES FL 33134			4/36	ess (P.O. Box Number is Not Acceptable) 2 North lasce 131 vd.	37E 217
COINE CADELO 12 00104			83	_	
ł			1/2a/m	Beach Cardens	
			84 City	F	L 85 Zip Code 334/6
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
office or r	regi ster ed agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of Section 607 0505. Flo	authorized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
ſ	Company of the configuration o			91	Feb. 90
SIGNATURE	Signs ure, typed or printed name of registered ag-	ent and little if applicable (NOT	Registered Agent signature require	ed when reinstating) DATE	Feb 98
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MINKER, JULES S		1.2 NAME		
STREET ADDRESS	4362 NORTHLAKE BLVD., ST	E. 217	1.3 STREET ADDRESS];
CITY-ST-ZIP	PALM BEACH GARDENS FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE		☐ DEL ete	2.1 TITLE	·	☐ Change ☐ Addition
NAME			2.2 NAME		{
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		C DELETE	4.1 TITLE		L. Change L. Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		
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.

SIGNATURE:

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RECOUNTED TO

28 Fel 98

561-775-5460