

04281999-90032-007-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000208981. Corporation Name
SUPERIOR STORAGE CENTERS, INC. OF BRANDON

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90032 007 ***150.00



Principal Place of Business 416 DREW ST. CLEARWATER FL 34615	Mailing Address 416 DREW ST. CLEARWATER FL 34615
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 331 windward Island	Suite, Apt. #, etc. 28 331 windward Island
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip 24 33767	Zip 29 33767
Country 25	Country 30
9. Name and Address of Current Registered Agent HATTENBURG, GARY 416 DREW ST. CLEARWATER FL 34615	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 331 windward Island 83 Clearwater FL 84 City FL 85 Zip Code 33767	

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

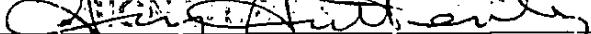
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTENBURG, GARY	1.2 NAME	
STREET ADDRESS	416 DREW ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTENBURG, PATRICIA	2.2 NAME	
STREET ADDRESS	416 DREW ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 filing 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y-25-99

Date

Daytime Phone #

CR2E034 (11/98)