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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**FILED** Feb 10, 1999 8:00 am Secretary of State 02-10-1999 90001 002 \*\*\*150.00

L	1999	DIVISION OF	CURPORATIONS	<b>!</b>	
	JMENT # P9800 ISTORAGE, INC.	0023240			
,				A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AS	9 <b>4</b> (1 <b>106</b> 90) 1 (170) 1 <b>06</b> ) 1 <b>66</b> ) 1 <b>61</b> )
Branton I 79		<del></del>			
	ce of Business	Mailing Address			wash t a tibu dibre 4811 (sat
901 BOYLSTON STREET LEESBURG FL 34748 LEESBURG FL 34748					
				DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualified 03/11/1998	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3500352	Not Applicable 3
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	Act a veginning
City & Sta		_ City & State	<u> </u>		Fee Required
23		28	. + -	- 6. Election Campaign Financing - Trust Fund Contribution	55:00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax.	II Yes □No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent .
MA	HAN, WILLIAM B SR				
	BOYLSTON STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LEE	<b>SBURG FL 34748</b>	,	83	1000 经减少额 翻翻	
			B4 City	1.0 PA 1615 1241 2761 3611 8618 861	85 Zio Code
Side (Service Control				F.	
palice of	to the provisions of Sections 607.0; registered agent, or both, in the Stat	802 and 607.1508, Florida Statute e of Florida. Such change was au	es, the above-hamed comp uthorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
	am familiar with and accent the oblic				Autoriour de redisceres
	•	jations of, Section 507.0505; Flori	ida Statutes.		Wile for the register ed
SIGNATURE	•		ida Statute's. Registered Agent signature require		<u> </u>
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	part and title if applicable. (NOTE:	Registered Agent signature require		<u> </u>
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and tille if applicable. (NOTE:	Registered Agent signesure require  13. 1.1 TTLE	d when retristating)	<u> </u>
SIGNATURE  12.  TITLE  NAME	Signature, hypert or private name of registered at OFFICERS A PTD MAHAN, WILLIAM B SR	part and title if applicable. (NOTE:	Registered Agent signesure require 13. 1.1 TITLE 12 NAME	d when retristating)	<u> </u>
SIGNATURE  12.  III.E  NAME  STREET ADDRESS	Signature, hypert or private name of registered at OFFICERS A PTD MAHAN, WILLIAM B SR 901 BOYLSTON STREET	part and title if applicable. (NOTE:	Registered Agent signature require  13. 1.1 TILE 12 NAME 13 STREET ADDRESS	d when retristating)	<u> </u>
SIGNATURE 12. TITLE NAME	Signature, hypert or private name of registered at OFFICERS A PTD MAHAN, WILLIAM B SR	part and title if applicable. (NOTE:	Registered Agent signesure require 13. 1.1 TITLE 12 NAME	d when retristating)	ND DIRECTORS IN 12
SIGNATURE  12.  III.E  NAME  STREET ADDRESS CITY- ST- ZIP	Signature, hypert or private name of registered at OFFICERS A PTD MAHAN, WILLIAM B SR 901 BOYLSTON STREET LEESBURG FL 34748 VSD MAHAN, RUBY J	part and title if applicable. (NOTE: IND DIRECTORS	Reglesered Agent signature require  13. 1.1 TIME 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	d when retristating)	IND DIRECTORS IN 12
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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, with all other like empowered.

leeserbig it in in

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR