

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90003 006 ***150.00

DOCUMENT # **P98000031772**

1. Corporation Name

ATLANTIC AVENUE SELF STORAGE, INC.

Principal Place of Business
**4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

Mailing Address
**4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

65-0931517

Applied For
☐ Not Applicable

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**WHITE, JOHN II
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

GEORGE T. KELLY, IV

82 Street Address (P.O. Box Number is Not Acceptable)

4139 BURNS ROAD

83

84 City

PALM BEACH GARDENS FL

85 Zip Code

33410

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 obligation 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

2-8-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KELLY, GEORGE T IV**
STREET ADDRESS **4139 BURNS ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ DELETE
NAME **MISSLHORN, J. CRAIG**
STREET ADDRESS **130 QUAYSIDE DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☐ DELETE
NAME **HARVEY, ROBERT T**
STREET ADDRESS **1629 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ DELETE
NAME **LAPORTE, RALPH M**
STREET ADDRESS **123 VICTORY DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-99

CR2E034 (11/98)