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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000052832

1. Corporation Name

EXTRA ATTIC METROWEST, INC.

Principal Place of Business
 6327 EDGEWATER DRIVE
 ORLANDO FL 32810

Mailing Address
 6327 EDGEWATER DRIVE
 ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-3516074

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

WILSON, LYNNE R
315 E ROBINSON ST, SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

SMITH, MARC M

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

6327 EDGEWATER DR

83

84 City

ORLANDO

FL

85 Zip Code

32810

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]*BY: **MARC M SMITH***[Signature]***4/19/99**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **SHADER, RONALD J**
 CITY-ST-ZIP **6327 EDGEWATER DRIVE**
ORLANDO FL 32810

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **SHADER, STANLEY J**
 CITY-ST-ZIP **6327 EDGEWATER DRIVE**
ORLANDO FL 32810

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE **V** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S/T** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **S** ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99**(407) 297-3683**

Date

Daytime Phone #

CR2E034 (1/1/98)