SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000069587

A & S STORAGE, INC.

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mailing Address

7380 RED RD. #202 \$. MIAMI FL 33143 7380 RED RD.. #202 S. MIAMI FL 33143

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90009 049 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1998 Principal Place of Business Applied For 2a. Mailing Address Not Applicable 380 Red F 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes the current year ___ Yes ∐ No 30 Intangible Personal Property. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HESSEN, ANDREW J Street Address (P.O. Box Number is Not Acceptable) 82 7380 RED RD., #202 S. MIAMI FL 33143 83 Zip Code 84 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (2/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE **CR2E034** HESSEN, STEPHEN SR. 1.2 NAME NAME **606 SUGARWOOD WAY** 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition DELETE TITLE HESSEN, ANDREW J 2.2 NAME NAME 7380 RED RD., #202 2.3 STREET ADDRESS STREET ADDRESS S. MIAMI FL 33143 2.4 CITY-ST-ZIP CITY-ST-Z!P Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME 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 are 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 organ attachment with an address.