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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000090831

1. Corporation Name

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90013 003 ***150.00

SIGNATURE STORAGE, INC.								
							ARDIN ARIOTA TARIO BRIGA FIL	BA (JIA) JIAI (BA)
Principal Place	e of Business	Mailing Address					ENIȘI MEȘIM INIII MUTEI IN	88 11481 1185 1881
4935 HWY 30-A. SUITE 3 4935 HWY 30-A. SUITE 3								
SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459								
							IN THIS SPACE	
					i	3. Date Incorporated or Qualifed		
}						10/26/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 7 = 10 7 1		Applied For
21		26				-59-354024		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
22		27						
City & Stat	e	City & State				6. Election Campaign Financing		May Be
23		28 7in	Coun	<u></u>		Trust Fund Contribution		10 Fees
Zip	Country	Zip		иу		 This corporation owes the current Personal Property Tax. 	t year intangible	□No
24	9. Name and Address of Current		30			10. Name and Address of New Reg		
	9. Name and Address of Corrent	Registered Agent		31 Name		To ramo and radioso or ross to		
WATSON, FRANKLIN H			Ļ					
4935 HWY 30-A, SUITE 5				32 Street	Addres	ss (P.O. Box Number is Not Acceptable	e)	
SEAGROVE BEACH FL 32459			-	33				
}			L					
			1	City			FL 85 Zig	Code
11 Durguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	es, the ab	ove-named	corpor	ation submits this statement for the pu	rnose of changing i	ts registered
office or n	egistered agent, or both, in the State c	of Florida. Such change was au	uthorizea	ov the comp	oration	's board of directors. I hereby accept t	he appointment as	registered
agent. Lai	m familiar with, and accept the obligati	ions of, Section 607.0205, Fior	ida Şiaidi	es.				l
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	gent signature	required v	when reinstating)	DATE	
12.	OFFICERS AND							
TITLE		DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	ORS IN 12
1	PT	D DELETE	13. 1.1 TITL	 E	Vs		Change	
NAME I			_		VS Wi		Change	
	PT		1.1 TITL 1.2 NAM	E E EET ADDRESS	V5 W1 49		□ Chang	
STREET ADDRESS	PT BATUR, KENNETH E		1.1 TITL 1.2 NAM 1.3 STR	E E EET ADDRESS - ST-ZIP		lliam H. Smith 35 Hwy 30-A, Swite: agrove Blach . Fl	□Chang 3 _ 32459	Addition .
	PT Batur, Kenneth E 4935 Hwy 30-a, Suite 3		1.1 TITL 1.2 NAM 1.3 STR	E EET ADDRESS -ST-ZIP		lliam H. Smith 35 Hwy 30-A, Juite	□ Chang	Addition .
STREET ADDRESS CITY-ST-ZIP	PT BATUR, KENNETH E 4935 HWY 30-A, SUITE 3 SEAGROVE BEACH FL 32459	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	E EET ADDRESS -ST-ZIP E		lliam H. Smith 35 Hwy 30-A, Juite	□Chang 3 _ 32459	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT BATUR, KENNETH E 4935 HWY 30-A, SUITE 3 SEAGROVE BEACH FL 32459 VS	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	E EET ADDRESS -ST-ZIP E		lliam H. Smith 35 Hwy 30-A, Juite	□Chang 3 _ 32459	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT BATUR, KENNETH E 4935 HWY 30-A, SUITE 3 SEAGROVE BEACH FL 32459 VS SMOLINSKI, BILL	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	E EET ADDRESS - ST-ZIP E		lliam H. Smith 35 Hwy 30-A, Juite	□Chang 3 _ 32459	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT BATUR, KENNETH E 4935 HWY 30-A, SUITE 3 SEAGROVE BEACH FL 32459 VS SMOLINSKI, BILL 103 WOOD BEACH DR	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	EET ADDRESS - ST-ZIP E E EET ADDRESS (- ST-ZIP		lliam H. Smith 35 Hwy 30-A, Juite	□Chang 3 _ 32459	Addition .
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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 receiper or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an exchment under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an exchment under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an exchment under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director

SIGNATURE: