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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S20710 171

1. Corporatio	SPACE STORAGE SYSTE	M, INC.			
Principal Place of Business		Mailing Address	Mailing Address		vit Ardit Brans grant bratt AtAit Brans 1881
4866 SW 72 AVE Miami FL 33155		4866 SW 72 AVE Miami Fl 33155		DO NOT INDIT	E IN THUS ORAGE
					E IN THIS SPACE
				3. Date Incorporated or Qualified 12/20/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0240130	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State			\$5.00 May Be
23		28]	28		Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has pa	aid the current year Intangible
24	25	[29]	30	Personal Property Tax due June	
	9, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NGER, BRIAN				
4868 SW 72 AVE MIAMI FL 33155			82 Street Addi	ress (P.O. Box Number is Not Acceptal	ble)
4A1E2	-mi FL 33133		83		
					11
			84 City		FL 85 Zip Code
office or r	egistered agont, or both, in the St	ate of Florida. Such change was	authorized by the corporal	poration submits this statement for the lition's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agont. I a	m familiar with, and accept the of	oligations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or printed many of registered	Lunera northice dinunti aldo (NC)	IL Registered Agent signature requi	rod when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, BRIAN		1.2 NAME		
STREET ADDRESS	4866 SW 72 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	<u>.</u>	1.4 City-St-ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		İ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME		La VIIII	3.1 HILE 3.2 NAME		El cuanto El vanidor
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ĺ
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CFTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Information supplied with this filipendoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I 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 corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chapter 607 an attachnized with an address

FILED

Feb 27 1998 8:00am

Secretary of State