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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62242

(0)

ISLAND SELF STORAGE, INC.

Principal Place of Business Mailing Address 305 AIA BEACH BLVD. 305 AIA BEACH BLVD. ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-7996 US 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1991 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3082268 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country $Z_{\rm ID}$ Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BINNINGER, CHARLES 305 AIA BEACH BLVD. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 A4 City Zip Code 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 negistered age of 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 familian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Important type the per treatment of orgalized agent and title. Fappicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition Ď 1.1 TITLE Talle BINNINGER, CHARLES NAME 1.2 NAME 305 AIA BEACH BLVD. 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 1.4 CITY - ST - ZIP CITY: ST. ZIF DELETE Change Addition TITLE 21 TITLE KENNEY, JAMES A. 2.2 NAME 305 AIA BEACH BLVD. STREET ADJRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF BINNINGER, ANNE NAME 3.2 NAME 305 AIA BEACH BLVD. STREET ADDRESS 3.3 STREET ADDRESS ST. AUGUSTINE FL D(TY - ST - 24) 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIFLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST 7IP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-\$1-7/2 5.4 CITY - ST - ZIP 700002083344me -02/11/97--01042--022 DELETE Addition 61 TITLE THILE 6.2 NAME NAME ***165.00 6 3 STREET ADDRESS STREET AUDRESS

6.4 CITY - ST - ZIP

14. I do he eby 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 arrival 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 trie 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.