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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILE	D
Jan 29 1998	8:00am
Secretary of	of State

SALT CREEK SAFE STORAGE, INC.																
Prin	cipal Plac	ce of Busines	ss		М	lailing Addre	ess				┨	E ERRELEND HAL ORINI MIRRE DIVIN DIBRE DVII BLANI	BARRA BERTA MERI		HORF HORF	
37	11 CORTE	Z ROAD WES	T		3	3711 CORTEZ RD. W.										
SU	ITE 900				5	SUITE 300						DO NOT WRITE IN T	LIFE COACE			
BR US	ADENTON	FL 34210			E	BRADENTON FL 34210					-	Do NOT WAITE IN THE	HIS SPACE			-
UĐ	•										°.					
2.	Principal F	Place of Busi	ness	····	2a. Mailing Address					4.	10/02/1991 FEI Number		TADI	olied For	$\dashv$	
21	· · · · · · · · · · · · · · · · · · ·		,,,,,,		26					"	59-3097585	<u></u> ⊢-		Applicable	A	
<del>-</del>	Sulte, Apt.	. #, etc.		····	Suite, Apt. #, etc.			<u> </u>		\$8.7		dditional	Ť			
22					27	27					5.	Certificate of Status Desired			ulred	1
	City & Stal	te				City & State			6.	Election Campaign Financing	\$5.	00 1	May Be			
23					28				<b>-</b> ··		Trust Fund Contribution			Fees	╛	
	Zip		L,	D <b>ou</b> ntry	$\perp$	Zip Country				8. This corporation owes or has paid the current year Intangible					1	
24			25		29		3	0				Personal Property Tax due June 30. 🔀 Yes 🗌 No				
ļ				Address of Current	Regis	itered Agen	<u> </u>	81	П	Name	10.	Name and Address of New Register	red Agent			-
		.son, ann						"	1	Name						ļ
		11 CORTEZ	Z RO	AD WEST				82	1	Street Add	ress (F	P.O. Box Number is Not Acceptable)				
		JITE 300						83	+							4
	BR	ADENTON	FL 3	<b>421</b> 0				63	•							
								84	7	City			85	Zip C	ode	7
44	Duramant	to the provide	Jana	Castiana CO7 050	and C	207 4E00 E0	orido Otatutas	the obe	1	named oor	o o rotio	on submits this statement for the purpos	FL   G	!!	*Aginteres	$\perp$
ŀ	office or I	registered ac	ent. e	or <b>bo</b> th, in the State	of Flori	da. Such ch	ange was aut	horized b	v t	the corpora	tion's t	board of directors. I hereby accept the	se or changir appointmen	igins tasr	røgistered egistered	' [
	agent. I a	am familiar w	ith, ar	nd accept the obliga	tions o	f, Section 60	07.0505, Florid	da Statute	36.							
SIG	NATURE	Signature typed	l or Drin	led name of registered ager	Lend little	If Applicable	(NOTE 6	Registered Ac	loer	s-gnalure requ	red when	reinstaling) DA	TE .			
12.		organization types	o pin	OFFICERS AND			(NOIE )	13.	-	o griano e rede		ADDITIONS/CHANGES TO OFFICERS		TORS	IN 12	-
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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 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.