FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:36

DOCUMENT # V33857 (6)

1. Corporation Name:
SKN STORAGE, INC.

Principal Place of Business
2213 E ATLANTIC BLVD
POMPANO BCH. FL 33062
US

Mailing Address
P. O. BOX 50063
LIGHTHOUSE POINT FL 33074
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KOWALSKI, STANLEY C.
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOWALSKI, STANLEY C
STREET ADDRESS	2213 E ATLANTIC BLVD
CITY, ST, ZIP	POMPANO BCH. FL
TITLE	ST
NAME	KOWALSKI, STANLEY C
STREET ADDRESS	2213 E ATLANTIC BLVD
CITY, ST, ZIP	POMPANO BCH. FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 94

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurate, complete and current in all material respects as of the date of this report. I further certify that the information contained in the annual report or supplemental annual report is true and correct in all material respects and that the signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the person otherwise authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: [signature] 1-11-95 305-784-8690
SIGNATURE AND TYPED OR PRINTED NAME OF WRITING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0426004 FP