

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY 18 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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1600.00 *200.00**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H47993 (1)
1. Corporation Name
MOODY CONVENIENCE CORP.

Principal Place of Business Mailing Address
12651 S DIXIE HWY 303 MIAMI FL 33156 **12651 S DIXIE HWY 303 MIAMI FL 33156**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	12925 SW 61 Ave Suite, Apt. #, etc.	26	12925 SW 61 Ave Suite, Apt. #, etc.	03/20/1985	04/19/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	MIAMI, FL	28	MIAMI, FL	59-2509220	Not Applicable
24	33156	29	33156	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	DADE	30	DADE	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

GORENBERG, DONALD
12651 S DIXIE HWY 303
MIAMI FL 33156

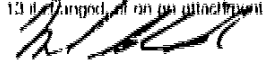
81 Name **Gorenberg, Donald**
82 Street Address (P.O. Box Numbers Not Acceptable)
12925 SW 61 AVE
83
84 City **MIAMI** FL 85 Zip Code **33156**

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 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, MARK	1.2 NAME	
STREET ADDRESS	12651 S DIXIE HWY 303	1.3 STREET ADDRESS	12925 SW 61 Ave
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	MIAMI, FL 33156
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORENBERG, DON	2.2 NAME	
STREET ADDRESS	12651 S DIXIE HWY 303	2.3 STREET ADDRESS	12925 SW 61 Ave
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	MIAMI, FL 33156
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORENBERG, DON	3.2 NAME	
STREET ADDRESS	12651 S DIXIE HWY 303	3.3 STREET ADDRESS	12925 SW 61 Ave
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	MIAMI, FL 33156
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:  **Mark Schneider Pres** 5/15/95 669-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date