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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G72297

(6)

1. Corporation Name  
CONVENIENCE ALLEY, INC.



Principal Place of Business

Mailing Address

%POP SHOPPE  
5020 MINTON RD..N.W.  
PALM BAY FL 32907

%POP SHOPPE  
5020 MINTON RD..N.W.  
PALM BAY FL 32907-1109

3. Date Incorporated or Qualified  
11/23/1983

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
59-2344232

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 s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATARAZZO, KARYN M  
2090 TURTLEMOUND RD.  
MELBOURNE FL 32934

81 Name  
Al MATARAZZO Sr.

82 Street Address (P.O. Box Number is Not Acceptable)  
2585 TURTLEMOUND Rd.

83

84 City Melbourne FL 85 Zip Code 32934

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  
Al Matarazzo Sr.

Al MATARAZZO

1/12/97

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P Matarazzo, Karyn M DELETE  
NAME  
STREET ADDRESS 2090 TURTLEMOUND RD  
CITY-STATE-ZIP MELBOURNE FL 32934

1.1 TITLE P Matarazzo, Alphonse J. Jr. Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE VST Matarazzo, Alphonse J DELETE  
NAME  
STREET ADDRESS 2090 TURTLEMOUND RD  
CITY-STATE-ZIP MELBOURNE FL 32934

2.1 TITLE S-T Matarazzo, Alphonse J. Sr. Change Addition  
2.2 NAME  
2.3 STREET ADDRESS 2585 TURTLEMOUND Rd.  
2.4 CITY-STATE-ZIP Melbourne, FL 32934

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE: Alphonse J. Matarazzo Sr. Alphonse J. Matarazzo Sr. 1/12/97 407-259-0934

CR2E034 (9/96)