

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004169 (6)

1. Corporation Name

CORPORATE CONVENIENCE, INC.

APPROVED
AND
FILED

95 JUL -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

P.O. Box 574564
Orlando, FL 32857

P.O. Box 574564
Orlando, FL 32857

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/19/1994

4. FEI Number 5. Certificate of Status Desired
59-3221180

6. Election Campaign Financing
Trust Fund Contribution

7. Does corporation meet liability for filing requirements under G.S. 190.002
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt., etc.

26. Suite, Apt., etc.

22. City & State

27. City & State

23. Zip Code

28. Zip Code

24. Telephone

29. Telephone

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYO, CRAIG M

X1082 SHOREVIEW DR. P.O. Box 574564
XORLANDO FL 32807 Orlando, FL 32857

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS

NAME	D	COBLE, ROBERT W JR
STREET ADDRESS	5114 AVIGNON COURT	
CITY	ORLANDO FL 32839	
NAME	D	MAYO, CRAIG M
STREET ADDRESS	1116 Point New Port	
CITY	Casselberry, Fl	
NAME	D	ACCORDI, VINCE
STREET ADDRESS	4217 CENTER KEY RD., #821	
CITY	WINTER PARK FL 32792	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95

428-4121