


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90084 025 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000062111 1. Corporation Name TOTAL CONVENIENCE MARKETING, INC. | | | | | |
| Principal Place of Business 7200 N MOPAC STE 275 AUSTIN TX 78731 US | | | Mailing Address 7200 N MOPAC STE 275 AUSTIN TX 78731 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/23/1994 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3258213 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | |
| 26 | | 27 | | 30 | |
| 9. Name and Address of Current Registered Agent MCDONALD, STEPHEN J 315 SE 7TH STREET STE. 303 FORT LAUDERDALE FL 33301 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | 84 City | | |
| 85 | | | 86 Zip Code | | |
| 87 | | | 88 | | |
| 89 | | | 90 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 1.2 NAME ANDREWS, CECIL D | | | 1.2 NAME | | |
| 1.3 STREET ADDRESS 5217 OLD SPICEWOOD SPRINGS RD #402 | | | 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP AUSTIN TX 78731 | | | 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 2.2 NAME ANDREWS, DONNA J | | | 2.2 NAME | | |
| 2.3 STREET ADDRESS 5217 OLD SPICEWOOD SPRINGS RD, #402 | | | 2.3 STREET ADDRESS | | |
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| 6.3 STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |



DO NOT WRITE IN THIS SPACE

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-99

512 3428880

CR2E034 (11/98)