

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 27 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093881 (8)

1. Corporation Name  
**CONVEX MARKETING, INC.**

Principal Place of Business Mailing Address  
503 CENTERBROOK DRIVE 503 CENTERBROOK DRIVE  
BRANDON FL 33511-8000 BRANDON FL 33511-8000

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 12/29/1994  
3a. Date of Last Report

4. FEI Number 59-3286588  
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

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 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

COSTELLO, TRUMAN J  
12670 NEW BRITANNY BLVD.  
#101  
FORT MYERS FL 33907

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                        |
|----------------------------|--|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE                      |  | 1.1 TITLE                                             | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 1.2 NAME                                              | STAN RAY                                                                               |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    | 503 CENTERBROOK DR.                                                                    |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   | BRANDON, FL 33511                                                                      |
| TITLE                      |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |  | 2.2 NAME                                              |                                                                                        |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |                                                                                        |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |                                                                                        |
| TITLE                      |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |  | 3.2 NAME                                              |                                                                                        |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |                                                                                        |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |                                                                                        |
| TITLE                      |  | 4.1 TITLE                                             | <input 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 119.07(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: *Stanley D. Ray* President STANLEY D. RAY 3-21-95 813-626-0040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)