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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093881

1. Corporation Name
CONVEX MARKETING, INC.

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

Mailing Address
503 CENTERBROOK DRIVE
BRANDON FL 33511-8000



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1994	
4. FEI Number 59-3286588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10417 Ashley Oaks Drive Suite, Apt. #, etc.	2a. Mailing Address 26 10417 Ashley Oaks Drive Suite, Apt. #, etc.
22 RIVERVIEW, FLORIDA City & State	27 RIVERVIEW, Florida City & State
23 33569 Hillsborough Zip Country	28 33569 Hillsborough Zip Country
24	25
29	30 Hillsborough

9. Name and Address of Current Registered Agent

RAY, STANLEY
503 CENTERBROOK DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name KIRK A. RAY
82 Street Address (P.O. Box Number is Not Acceptable) 10417 ASHLEY OAKS DRIVE
83
84 City RIVERVIEW FL
85 Zip Code 33569

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: *Kirk A. Ray* KIRK A. RAY, PRESIDENT 12/31/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RAY, STAN 503 CENTER BROOK DR BRANDON FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT, TREASURER, SECRETARY KIRK A. RAY 10417 ASHLEY OAKS DR. RIVERVIEW, FL. 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Kirk A. Ray* SIGNATURE REQUIRED 2/11/99 813-672-8604
Date Daytime Phone #

CR2E034 (11/98)