**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90116 042 \*\*\*150.00

## DOCUMENT # P94000093881

1. Corporation Name

CONVEX MARKETING, INC.

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	t Division	Mailing Address		a intilitate ista interes mitte mater mater ameria in		18161 - 181 1881
Principal Place		Mailing Address				
503 CENTERBR		503 CENTERBROOK DRIVE				
BRANDON FL 3	33511-8000	BRANDON FL 33511-8000		DO NOT WEST IN THE	DACE	
				DO NOT WRITE IN THIS S	FACE	<del></del>
				<ol> <li>Date Incorporated or Qualifed</li> <li>12/29/1994</li> </ol>		
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	A	plied For
2. Fillicipari	A 11 A A A A	- 22 /24/17 /	A D.	59-3286588		t Applicable
21/04/7	HIGHLEY WARS DRIVE	26 1041 743414	y CAKS UR	33 0200300	\$8.75	
Suite, Apt.	Ashley OAKS DRIVE #, etc. RVIEW, FLOCIDA e 569 Hillsborough	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re	I
City & Stat	KVIEW PLOKIOH	City & State		6. Election Campaign Financing	\$5.00	May Bo
- 32 S	-10 11.11.1	( )	c	Trust Fund Contribution	Added	
23 333	67 Hillsborough	28 NIVEPVIEW	Country	The state of the second		
<b>⊢</b> ¬ ′	<u>-</u>		Country	8. This corporation owes the current year Intar		
24	25	T	Hillsborou	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
			81 Name	KIRK A. RAY		
RAY	, Stanley		OO Street	ddress (P.O. Box Number is Not/Acceptable)		
503	CENTERBROOK DRIVE		82 Street A	417 ASHLEY OAKS DRIVE	<del>-</del> .	[
BRA	NDON FL 33511		83	TI HARCEY OAKS DICITE	<u> </u>	
			63			
Ĭ			84 City		85 Zip	Code
			N.	UERUIEW FL	33	3 <i>569</i>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named o	omoration submits this statement for the purpose of cl	hanging its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by the corpor	ration's board of directors. I hereby accept the appoint	ment as re	gistered
agent. I a	m familiar with, and accept the obligate					
SIGNATURE	Chil A. Day KI		ESIDENT	12 /3/ 197		
	murutic, typed or pointed name of registered agent		gistered Agent signature rec			NDO 4N 40
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTS	DELETE	1.1 TITLE	PRESIDENT, TARMENAUL, SECRETAL	Change	)
NAME	RAY, STAN	<i>7</i> 1				
i		• 1	1.2 NAME	LIEL A. KAU		
1 STREET ADDRESS		· 1	1.2 NAME 1.3 STREET ADDRESS	KIRK A. KAY		ļ
STREET ADDRESS	503 CENTER BROOK DR	`\	1.2 NAME	RIRK A. RAY 10417 ASHLEY CAKS DR.	a	
CITY-ST-ZIP		DOSISTS	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	KIRK A. RAY 10417 AGHLEY CAKS DR. RIVERVIEW, FL. 3356;	<b>9</b> □ Change	□ Addition (
	503 CENTER BROOK DR	☐ OELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	KIRK A. RAY 10417 ASHLEY CAKS DR. RIVERVIEW, FL. 33565	<b>9</b> ☐ Change	☐ Addition
CITY-ST-ZIP	503 CENTER BROOK DR	☐ OELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	RIRK A. RAY 10417 AGHLEY CAKS DR. RIVERUIEW, FL. 3356;	<b>9</b> ☐ Change	☐ Addition
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6.4 CITY- ST-ZIP 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:

GNING OFFICER OR DIRECTOR