

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

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**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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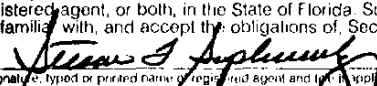
**DOCUMENT # P95000071409 (3)**

1. Corporation Name  
**CONVENIENCE ENTERPRISES, INC.**



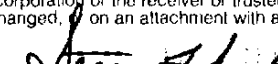
Principal Place of Business <b>269 ODONS HILL BLVD.                  PONTE VEDRA BCH FL 32082                  US</b>	Mailing Address <b>269 ODONS HILL BLVD.                  PONTE VEDRA BEACH FL 32082                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>269 ODONS HILL BLVD</b>	22 Suite, Apt. #, etc.	26 <b>269 ODONS HILL BLVD</b>	27 Suite, Apt. #, etc.	<b>09/15/1995</b>	
23 City & State	24 Zip	28 City & State	29 Zip	4. FEI Number	
25 Country	30 Country			<b>59-3344641</b>	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SIPKOUSKY, STEVEN F                  269 ODON HILL BLVD.                  PONTE VEDRA BEACH FL 32082</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				<b>269 ODONS HILL BLVD</b>	
				84 City	
				85 Zip Code	
				<b>FL</b>	
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		 <b>STEVEN F SIPKOUSKY - TREAS</b>		DATE	
				<b>1-20-98</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIPKOVSKY, STEVEN F</b>	1.2 NAME	
STREET ADDRESS	<b>269 ODON HILL BLVD.</b>	1.3 STREET ADDRESS	<b>269 ODONS HILL BLVD</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>PONTE VEDRA BCH, FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V.PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SCOTT A GREEN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>153 BEAR PEN</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>PONTE VEDRA BCH, FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, on an attachment with an address.

SIGNATURE		 <b>STEVEN F SIPKOUSKY</b>		DATE	
				<b>1-20-98</b>	

CF2E034 (10/97)

(704) 277-0587