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

**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90142 025 \*\*\*150.00

# DOCUMENT # P95000094178

1. Corporation Name

CONVENIENCE ENTERPRISES II, INC.

Principal Place of Business Mailing Address						- I (MANYAN) SIN INIDI ANEN MENS NUISI ANEN ANEN ANEN	1 (MIS) MINUT (SUC) (	3801 1311 1081
269 ODOMS MILL BLVD 269 ODOMS MILL BLVD								
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32			32082	082				
US · US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		-
		a Ad-W- Address				12/12/1995 4. FEI Number		plied For
	lace of Business	2a. Mailing Address					<u> </u>	t Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						59-3354857	\$8.75 A	
						5. Certifcate of Status Desired	Fee Re	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Bo	
1 2						Trust Fund Contribution	Added.te	, ,
23 Zip	Country	Zip	Coun	trv		8. This corporation owes the current year in		
			30	Personal Property Tax.		∐ Yes	<b>⊡</b> No	
24	9. Name and Address of Curren	1 1	1			10. Name and Address of New Registered	Agent	
g. Hallio and Freehood of Galliant Hogister vig-				B1 Nan	16		· · · · · · · · · · · · · · · · · · ·	]
SIPKOVSKY, STEVEN F.				02 0	_4 8 4 4 4 4	Annual (D.O. Day Number is Not Accordable)		
269 ODOMS MILL BLVD				82 Stre	Street Address (P.O. Box Number is Not Acceptable)			
PONTE VEDRA BEACH FL 32082			<u> </u>	B3				
			L			. <u>.                                   </u>	100 7:02	
			[	B4 City		FI	85   Zip C	,ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607,1508. Florida Statut	es, the ab	l ove-nam	ed corpo	pration submits this statement for the purpose of	f changing its	registered
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.								
	m familiar with, and accept the obligat	tions of, Section 607.0505, Fig	nua Statu	165.				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered A	lgent signatı	re required	when reinstating) DATE	·	— \
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	TS	☐ DELETE	1.1 TITL	E			☐ Change	☐ Addition
NAME	SIPKOVSKY, STEVEN F		1.2 NAM	Æ	Ì			
STREET ADDRESS	269 ODOMS MILL BLVD		1.3 STR	EET ADORE	ss			
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CIT	1.4 CITY-ST-ZIP				
TITLE	P DELETE		2.1 TIT	2.1 TITLE			☐ Change	☐ Addition
NAME	GREEN, SCOTT A		2.2 NAM	2.2 NAME				
STREET ADDRESS	153 BEAR PEN		2.3 STF	2.3 STREET ADDRESS				ł
CITY-ST-ZIP	DONTE VEDDA BEACH EI			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TM	.E			☐ Change	☐ Addition
NAME .	• • • •		3.2 NAM	Æ				
STREET ADDRESS			3.3 STF	REET ADDRE	ss			
CITY-ST-ZIP	•		3.4. CIT	Y-ST-ZIP				
TITLE	1.10	☐ DELETE	4.1 TM	.E			☐ Change	☐ Addition
NAME	•		4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRE	ss			
CITY-ST-ZIP			4.4 CiT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITI	E			☐ Change	☐ Addition
NAME			5.2 NA	ΜĖ				
STREET ADDRESS			5.3 STF	REET AODRE	ss			-
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITI	E			☐ Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET ADDRE	ss			
CITY-ST-ZIP			6.4 CIT	Y-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 change 7, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

275-0587