

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000078043 (2)

1. Corporation Name

TOTALLY CONVENIENT, INC.

Principal Place of Business

14530 STATE ROAD 54
ODESSA FL 33556

Mailing Address

14530 STATE ROAD 54
ODESSA FL 33556-3662

3. Date Incorporated or Qualified

09/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 14530 SR 54

2a. Mailing Address

26 14530 SR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ODESSA, FLORIDA

City & State

26 ODESSA, FLORIDA

Zip

24 33556

Country

25 USA

Zip

29 33556

Country

30 USA

9. Name and Address of Current Registered Agent

SIDDIQUI, RAFAT ALI
14530 STATE ROAD 54
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

SIDDIQUI, RAFAT ALI

82

Street Address (P.O. Box Number is Not Acceptable)

83

14530, SR 54

84

City ODESSA

FL

85

Zip Code 33556

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 reinstating)

DATE

04-25-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

FILED
97 JUL -2 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)