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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mighter

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078043 (2)

TOTALLY CONVENIENT, INC.

Principal Place of Business

Mailing Address

14530 STATE ROAD 54 ODESSA FL 33558

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14530 STATE ROAD 54 ODESSA FL 33556-3662 FILED

97 JUL -2 PH 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ODESON IL O	555¢	ODESSM 15 00330 4005				
				3. Date Incorporated or Qualified 09/19/1996	3a. Date of Last Report	
	Place of Business	28. Mailing Address 28 14530	SR 54	4. FEI Number	Applied For	
21 14 5 Sulte, Apt.	30 SK 54		<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ESSA FLORWA	28 ODESSA	FLORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
zip 24 335	56 25 USA	29 33556 3	Country A		Yes 🔲 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	DIQUI, RAFAT ALI		81 Name <	Name SIDDIQUI, RAFAT ALI		
14590 STATE ROAD 54			82 Street Address (P.O. Box Number is Not Acceptable)			
ODESSA FL 33556						
·			[8] [4]	1 14770 36 36		
]			84 City	DESCA	FL 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 in	and title if applicable. (NOTE:	Registered Agent signature requir		14-25-97	
12. in	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE		DELETE	1.1 TITLE	DRPORATION OWNER	Change 🗷 Addition 🗟	
NAME			1.2 NAME SI	DDIQUI, RAFAT ALI	5	
STREET ADDRESS			1.3 STREET ADDRESS   55	35, ha Salle El.,		
CITY-ST-ZIP		7	14 CITY-ST-ZIP /V (	ew Port Richey, F	<u>L</u> 3	
TITLE	resident	DELETE	217mtt	,	☐ Change ☐ Addition C	
NAME	RAPAT ALI SIAD	1aul -	-2:2 NAME			
STREET ADORESS	6535 LA SAL	15 ct	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NEN- PRIRICH	J ✓ □ DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	9000022		
STREET ADDRESS	813-8487469	FL 34652	3.3 STREET ADDRESS	3000000	01003018	
CITY-ST-ZIP	813 - 8487404		3.4. CITY-ST-ZIP	****165.	00 ****165 no	
TITLE	,	☐ DELETE	4.1 TITLE		Change Addition	
NAME *			4. 2 NAME			
STREET ADDRESS		`	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
THE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		<i>y</i> \	
STREET ADDRESS		\	5.3 STREET ADDRESS	J	<b>*</b> \	
CITY-ST-ZIP		The think	5.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELL	6.1 TITLE	•	Change	
NAME STREET LIBORESS		•	6.2 NAME		9/1-07 .	
STREET ADORESS	ignati F €:	`*	6.3 STREET ADDRESS		100	
14. I do hereb	ov certify that the information supplied w	ith this filing does not qualify	64 City-St-ziP for the exemption stated	in Section 119.07(3)(i), Florida Statutes.	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 it/changed, or an attachment with an address.						
	// // 1/24 //	Tara ta	6 <b>6 6 7</b>			