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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V00542

(3)

ARENA CONVENIENCE, INC.

| 6.1.1.1.0   |  | B A - Thomas B and all an area  |   |  |   | CIEL STELL BIEN EIL                   | BII BIBN BIBII BIEI                       | <b>₹</b>  |
|---|--|---|---|--|---|---------------------------------------|---|---|
|   | ace of Business  | Mailing Address   |   |  |   | ***** ***** ****                      | ***************************************   | 1001  |
| 635 N WEST<br>ORLANDO FI  | Moreland St<br>L 32805   |   | 6545 HIDDEN BCH. CIR.<br>Orlando fl 32819-7556<br>US  |  |   |                                       |   |   |
|   |  | •   |   |  | Date Incorporated or Qualifie     12/16/1991                                  | <b>I</b>                              | te of Last Repo<br>2/1996                 | rt  |
| 2. Princ pal Place of Business  |  | 2a. Mailing Address   | 2a. Mailing Address   |  |   |                                       | Applie                                    | d For   |
| n]  |  | 26  |   |  | 59-3111349  |                                       | Not Applica                               |   |
| Suite, A;   | 차 #, etc.  | Suite, Apt. #, etc.   |   |  | 5. Certificate of Status Desired  |                                       | \$8.75 Add<br>Fee Requi                   |   |
| City & St   | tate   | City & State  |   |  | 6. Election Campaign Financing<br>Trust Fund Contribution                     | , 🗆                                   | \$5.00 Ma<br>Added to F                   |   |
| Žip   | Country  | Zip   | Country   | /  | 8. This corporation has liability f   | fo <u>r intangible t</u>              | tax under s. 19                           | 9.032,  |
| 4   | 25   | 29  | 30  |  | Florida Statutes  | Yes [                                 |   |   |
|   | 9, Name and Address of Cu  | urrent Registered Agent   | 81  | Libraria   | 10. Name and Address of New   | Registered A                          | \gent                                     |   |
|   | ATEL, PRADEEP  |   | 61  | Name   |   | 1                                     |   |   |
| 6545 HIDDEN BEACH CIR   |  |   | 82 Street A   |  | ddress (P.O. Box Number is Not Acceptable)                                    |                                       |   |   |
| OF  | RLANDO FL 32819  |   | 83  |  |   | · · · · · · · · · · · · · · · · · · · |   |   |
|   |  |   |   | <u> </u>   |   |                                       |   |   |
|   |  |   | 84  | City   |   | FL                                    | 85 Zip Cod                                | le  |
| 44 Darenea  | n' to the provisions of Sections 607   | 7 0602 and 607 1608 Elorida Stat  | utes the above  | e-pamed cor  | paration submite this statement for th  |                                       | changing its se                           | oielere   |
| office of   | r registered agent, or both, in the S  | State of Florida. Such change was   | s authorized b  | y the corpora  | poration submits this statement for thation's board of directors. I hereby ac | cept the appo                         | ointment as reg                           | istered   |
| agent   | i am tamhar with, and accept the c   | obligations of, Section 607.0505, I   | riorida Statute   |  |   |                                       |   |   |
|   |  |   |   | J.   |   |                                       |   |   |
|   | r  |   |   |  | ured when reinstating)  |                                       |   |   |
| SIGNATURI   | f<br>Signature, <b>1</b> 55ed or printed name of register  |   |   |  | used when reinstating)  ADDITIONS/CHANGES TO OF                               | DATE                                  | DIRECTORS II                              | N 12  |
| SIGNATURI<br>12.  | f<br>Signature, <b>1</b> 55ed or printed name of register  | cal agon candibite if applicable (No  | OTE Registered Ag   |  |   | DATE                                  |   | _   |
| SIGNATURI<br>12.  | Signature, Isolad or profest name of register  OFFICE RS   | cd ago c and tale if applicable (No<br>S AND DIRECTORS                                  | OTE Registered Ag   |  |   | DATE                                  |   | _   |
| SIGNATURI<br>12.<br>TITLE<br>NAME   | Signature, is and or product name of registers  OFFICE RS  P  PATEL, PRADEEP R.                                | cd ago c and tale if applicable (No<br>S AND DIRECTORS                                  | OTE Registered Ag  13. 1.1 TITLE 1.2 NAME   |  |   | DATE                                  |   | _   |
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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

03/17/97 407-294-2020

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Mar 26 1997 8:00am

Secretary of State

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