

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 359532 (9)**

1. Corporation Name  
**CONTINENTAL FIDELITY CORPORATION**

Principal Place of Business <b>777 ARTHUR GODFREY ROAD 4TH FL MIAMI BEACH FL 33140</b>	Mailing Address <b>777 ARTHUR GODFREY ROAD 4TH FL MIAMI BEACH FL 33140</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/12/1970</b>	3a. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>59-2375337</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**BALOGH, ROBERT  
777 ARTHUR GODFREY RD  
4TH FL  
MIAMI FL 33140**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BALOGH, ROBERT ONE GROVE ISLE MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ERDHEIM, JOAN BALOGH 31 EAST 72ND STREET NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BALOGH, DAVID R. 5255 COLLINS AVENUE MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD TOBIN, JACK B. 3351 N. 36TH PLACE HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST MENDEZ, SHARON M. 1550 TIGERTAIL AVENUE MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ST Mark R. Rubin</b>
5.3 STREET ADDRESS	<b>777 Arthur Godfrey Rd., 4th FL</b>
5.4 CITY - ST - ZIP	<b>Miami Beach, FL 33140</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 on an attached report with an address.

SIGNATURE: **Robert B. Balogh, Pres.** 4/27/95 (305)592-7775  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)