

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 710741 (0)  
 1. Corporation Name  
**CONTINENTAL CORPORATION, INC.**

Principal Place of Business: 420 S DIXIE HIGHWAY CORAL GABLES FL 33146  
 Mailing Address: 420 S DIXIE HIGHWAY CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/19/1966</b>  | 3a. Date of Last Report<br><b>04/11/1994</b> |
| 4. FEI Number<br><b>59-1235458</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>30             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONELLI, MARK, R  
 420 S DIXIE HIGHWAY  
 THIRD FLOOR  
 CORAL GABLES FL 33196

|   |
|---|
| 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

Signature Typed or Printed Name of Registered Agent and Principal Officer or Director of Corporation Registered Agent (signature required when available) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>SIMS, BARBARA<br>420 S DIXIE HWY<br>CORAL GABLES, FL 00000       | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>ANTONELLI, MARK, R<br>420 S. DIXIE HWY<br>CORAL GABLES, FL 00000 | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VD<br>MURPHY, MIKE<br>420 S DIXIE HWY<br>CORAL GABLES, FL 00000        | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>MULLEN, MICHAEL, A<br>420 S DIXIE HWY<br>CORAL GABLES, FL 00000  | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119.07(2)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara L. Sims*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 305 665-8010  
 DATE (Original Date)