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FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 710741 (0)

1. Corporation Name

CONTINENTAL CORPORATION, INC.



Principal Place of Business

Mailing Address

420 S DIXIE HIGHWAY  
CORAL GABLES FL 33146

420 S DIXIE HIGHWAY  
CORAL GABLES FL 33146-2222

3. Date Incorporated or Qualified  
04/19/1966

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SIMS, BARBARA  
STREET ADDRESS 420 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES, FL 00000 ☒ DELETE

1.1 TITLE *President*  
1.2 NAME *Mike Murphy*  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD  
NAME ANTONELLI, MARK, R  
STREET ADDRESS 420 S. DIXIE HWY  
CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ DELETE

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

TITLE VD  
NAME MURPHY, MIKE  
STREET ADDRESS 420 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ DELETE

3.1 TITLE *President*  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME MULLEN, MICHAEL, A  
STREET ADDRESS 420 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ DELETE

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

TITLE SD  
NAME CARPENTER, L.B.  
STREET ADDRESS 420 SOUTH DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE *Vice President*  
6.2 NAME *Afif Chanooha*  
6.3 STREET ADDRESS *420 S Dixie Hwy*  
6.4 CITY-ST-ZIP *Coral Gables FL* ☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*M. P. D. M.*

*4/20/97 3:25 PM*

CR2E037 (9/96)