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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710741

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/19/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1235458
City & State 23	City & State 28	Applied For No: Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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: Mark R. Antonelli DATE: 4/26/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANOUNG, AFIF	1.2 NAME	George Jarp
STREET ADDRESS	420 S. DIXIE HWY	1.3 STREET ADDRESS	420 S Dixie Hwy - 4th Floor
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONELLI, MARK, R	2.2 NAME	Carlos Bruzos
STREET ADDRESS	420 S. DIXIE HWY	2.3 STREET ADDRESS	420 S. Dixie Hwy - 2nd Floor
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MIKE	3.2 NAME	Michael J. Murphy
STREET ADDRESS	420 S DIXIE HWY	3.3 STREET ADDRESS	420 S Dixie Hwy - 3rd Floor
CITY-ST-ZIP	CORAL GABLES, FL 00000	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, MICHAEL, A	4.2 NAME	Mullen, Michael A
STREET ADDRESS	420 S DIXIE HWY	4.3 STREET ADDRESS	420 S. Dixie Hwy - 3rd Floor
CITY-ST-ZIP	CORAL GABLES, FL 00000	4.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	CARPENTER, L.B.	5.2 NAME	
STREET ADDRESS	420 SOUTH DIXIE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Michael J. Murphy DATE: 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 3056670223

CR2E037 (11/98)