

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90184 029 \*\*\*\*61.25

**DOCUMENT # 710741**  
 1. Entity 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

14020372



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1235458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANTONELLI, MARK, R  
 420 S DIXIE HIGHWAY  
 THIRD FLOOR  
 CORAL GABLES, FL 33196

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ANTONELLI, MARK, R
STREET ADDRESS	420 S. DIXIE HWY
CITY-ST-ZIP	CORAL GABLES, FL 00000,
TITLE	<del>VP D</del>
NAME	<del>MULLEN, MICHAEL A</del> EDWARD S. LOCASCIO
STREET ADDRESS	<del>420 S DIXIE HWY</del> 420 S. DIXIE HWY #2K
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	MULLEN, MICHAEL A
STREET ADDRESS	420 SOUTH DIXIE HWY., 3RD FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PD
NAME	ESCO, BENJAMIN M
STREET ADDRESS	420 S. DIXIE HWY 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward S. Locascio* 1/5/04 305-667-0223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #