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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004325 (5)
1. Corporation Name
CONTINENTAL INKS CORPORATION



Principal Place of Business: **25111 GLENDALE AVE. DETROIT MI 48239**
Mailing Address: **25111 GLENDALE AVE. DETROIT MI 48239-2646**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/07/1995**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **38-3250200**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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: _____ (Block 12) (Block 13)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, Y P	1.2 NAME	
STREET ADDRESS	1565 INTEGRITY DR., E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43209	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNON, MICHAEL J	2.2 NAME	
STREET ADDRESS	25111 GLENDALE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48239	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTERLE, MICHAEL J	3.2 NAME	
STREET ADDRESS	25111 GLENDALE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48239	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LAWRENCE E	4.2 NAME	
STREET ADDRESS	25111 GLENDALE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48239	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEL, JAMES A	5.2 NAME	
STREET ADDRESS	25111 GLENDALE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48239	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRESCOLN, LEONARD D	6.2 NAME	
STREET ADDRESS	25111 GLENDALE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48239	6.4 CITY-ST-ZIP	

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

SIGNATURE: _____ **Lawrence E. King, Secretary 4/10/97 (313)538-6800**

CR2E034 (9/96)