

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PS-1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # F96000003440 (2)
 1. Corporation Name
CONTINENTAL SOLUTION, INC.

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA CHICAGO IL 60685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 CNA Plaza
22 Suite, Apt. #, etc.	27 Statutory Reporting - 21S
23 City & State	28 Chicago, IL
24 Zip	29 60685
25 Country	30 US

3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
4. FEI Number 52-1737576	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
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	PDC	1.1 TITLE	800002262818-17
NAME	TOCKLIN, ADRIAN M	1.2 NAME	-08/08/97--01134--007
STREET ADDRESS	CNA PLAZA	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	CHICAGO IL 60685	1.4 CITY-ST-ZIP	
TITLE	VCFO	2.1 TITLE	SV
NAME	JOKIEL, PETER E	2.2 NAME	Cumming, David T.
STREET ADDRESS	CNA PLAZA	2.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	2.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	VS	3.1 TITLE	VT
NAME	LOWRY, DONALD M	3.2 NAME	Dempsey, Pamela S.
STREET ADDRESS	CNA PLAZA	3.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	3.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	VD	4.1 TITLE	GVC
NAME	KUBERA, PATRICIA L	4.2 NAME	Kubera, Patricia L
STREET ADDRESS	CNA PLAZA	4.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	4.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	V	5.1 TITLE	
NAME	MADIGAN, DAVID	5.2 NAME	
STREET ADDRESS	CNA PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	V
NAME	MOULTRIE, WAYNE C	6.2 NAME	Pierce Cathy J.
STREET ADDRESS	CNA PLAZA	6.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	6.4 CITY-ST-ZIP	Chicago, IL 60685

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: *Cathy J. Pierce* DATE: **7/29/97** PHONE: **312-822-4255**

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CNA Plaza Chicago IL 60685-0001

July 31, 1997

Florida Department of State
Sandra B. Mortham, Secretary of State
Division of Corporation
Attn: Annual Report Department
Post Office BOX 6327
Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

Dear Ms. Mortham:

Enclosed are the completed Annual Report Form and the required filing fee for the above company.

Continental Solution, Inc.	\$165.00
Marine Office of America Corp.	\$165.00
Western National Warranty Corp.	\$165.00

If you have any questions or concerns, please feel free to contact me.

Very truly yours,

NOTE: We did not receive the original invoice. Per Carol Anderson of Florida Ins. Dept. to pay \$165.00 only per company.

Milagros H. Cruz
Manager
Statutory Reporting - 21S
(312) 822-4650