


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001834 (7)
 1. Corporation Name
CONTINENTAL WOW, INC.



Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	Mailing Address 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2700094	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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)

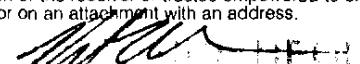
12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PAULSON, RANDALL M	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WALDMAN, ROBERT A	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRANIGAN, MARK W	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENDENDYK, BRUCE A	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FULTON, WILL	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POTERA, DREW D	
STREET ADDRESS	10670 NORTH CENTRAL EXPRESSWAY SUITE 600	
CITY-ST-ZIP	DALLAS TX 75231	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  3/5/98 214 692 4879

CR2E034 (10/97)