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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L91077 (2)

1. Corporation Name
CONTINENTAL VENTURES, INC.

Principal Place of Business
218-A E. EAU GALIE BLVD.
#17
INDIAN HARBOR BCH FL 32937
US

Mailing Address
218-A E. EAU GALIE BLVD #17
INDIAN HARBOR BCH FL 32937
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3028332
Applied For: Not Applicable
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

2. Principal Place of Business
21 Suite, Apt. #, etc. N/A
22 City & State N/A
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc. N/A
27 City & State N/A
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
WHITE, JULIE
441 NORTH HARBOR CITY BLVD.
C-16
MELBOURNE FL 32935

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: ~~Julie White~~ JULIE WHITE Pres 2/22/95
DATE: 2/22/95

12. OFFICERS AND DIRECTORS

TITLE	PPV
NAME	WHITE, JULIE
STREET ADDRESS	441 N. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	ST
NAME	WHITE, JULIE
STREET ADDRESS	441 N. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	441 N. HARBOR CITY BLVD #C-16
1.4 CITY-ST-ZIP	32935
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	441 N Harbor City Blvd #C-16
2.4 CITY-ST-ZIP	32935
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie White Pres 2/22/95 (407) 254-1507
DATE: 2/22/95
TYPED NAME: JULIE WHITE