

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

90 MAY 18 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000006542 *voic*

AMENDMENT

CONTINENTAL MOTORCARS, INC.

Principal Place of Business: 509 E. NASA Blvd. Melbourne, FL 32901 US
 Mailing Address: 509 E. NASA Blvd. Melbourne, FL 32901 US

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: 01/25/1995
- 4. FEI Number: 59-3305312 Applied For Not Applicable
- 5. Certificate of Status Desired: **\$3.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

21	2a	26	27
Principal Place of Business	Mailing Address	Suite, Apt #, etc	Suite, Apt #, etc
22	28	29	30
City & State	City & State	Zip	Country
23	24	25	29
Zip	Country	Country	Country

9. Name and Address of Current Registered Agent

Deardoff, R.B.
 509 E. NASA Blvd.
 Melbourne, FL 32901

81 Name: Markey & Fowler, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable): 410 W. Merritt Avenue
 83
 84 City: Merritt Island FL Zip Code: 32953

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: *Kevin Markey* Kevin Markey, as President 4-15-99
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[] DELETE	1. TITLE	D [X] Change [] Addition
NAME		1.2 NAME	Deardoff, R. Bruce
STREET ADDRESS		1.3 STREET ADDRESS	509 E. NASA Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	[] DELETE	2.1 TITLE	P [] Change [X] Addition
NAME		2.2 NAME	Chavara, Joe
STREET ADDRESS		2.3 STREET ADDRESS	2055 W. Colonial Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, 32804
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	900002892389--5
STREET ADDRESS		3.3 STREET ADDRESS	-06/02/99--01045--007
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****122.50 ****61.25
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other, if empowered.

SIGNATURE: *R.B. Deardoff* R.B. DEARDOFF 4-15-99 407-956-0600

CR2E034 (11/98)

5/27/99