

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000071274 (1)**

1. Corporation Name  
**CONTINENT-A TOUR, INC.**



Principal Place of Business: **6440 METROWEST BLVD. STE 403 ORLANDO FL 32825**  
Mailing Address: **6440 METROWEST BLVD. STE 403 ORLANDO FL 32825**

2. Principal Place of Business: [21] State, Apt. #, etc. [22] City & State [23] Zip [24] Country [25] Country

2a. Mailing Address: [26] State, Apt. #, etc. [27] City & State [28] Zip [29] Country [30] Country

3. Date Incorporated or Qualified: **09/12/1995** 3a. Date of Last Report  
4. FEI Number: **59-3335657** 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

9. Name and Address of Current Registered Agent: **NEDIALKOV, DIMITRE 1715 RAVENWOOD CIRCLE STE E KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent: [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 607.0607 and 607.1506, 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 607.0605, Florida Statutes.

STATEMENT OF OFFICERS AND DIRECTORS (DATE: Registered Agent's Date and Whether Foreign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHERNIKOV, DMITRIY</b>	2. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	4. CITY, ST, ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEDIALKOV, DIMITRE</b>	6. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	7. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	8. CITY, ST, ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKOUGAREVSKIY, ANATOLLY</b>	10. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	11. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	12. CITY, ST, ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUNKOV, ANATOLLY</b>	14. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	15. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	16. CITY, ST, ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESKIDOV, NIKOLAY</b>	18. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	19. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	20. CITY, ST, ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, STEPHEN P</b>	22. NAME	
STREET ADDRESS	<b>6440 METROWEST BLVD. STE 403</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL 32825</b>	24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 a 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: *Nedialkov Dimitre* (407) 765-3336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)