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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 361594

(5)

CONTINENTAL CIRCUITS, INC.						
Dringle at Dice	of Pusings	Mailing Address				
Principal Place of Business Mailing Address 1150 BELLE AVE WINTER SPRINGS FL 32708 Mailing Address 1150 BELLE AVE WINTER SPRINGS FL 32708			8		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					03/20/1970	03/15/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		·····	59-1300910	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State	 1 '		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Feeti	
Zip	Country	Zip	Count	ry	8. This corporation owes or has pai	
24	25		30		Personal Property Tax due June 10. Name and Address of New Rec	
	9. Name and Address of Curren	t Hegistered Agent	8	1 Name	10. Name and Address of New Hey	Jisteren Waut
	OTTS, RALPH L		Ľ	T (VEI/II)		
1150 BELLE AVE			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
WIN	NTER SPRINGS FL 32708		8	3		
			8	4 City		FL 85 Zip Code
44. Busy year 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	Signature, typed or printed name of registered ago	ut and title if anglingble /NOTE	Senistered A	nont signature regu	uired when reinstating)	DATE
12.	OFFICERS AN		13.	gan o gana a raq	ADDITIONS/CHANGES TO OFFIC	
TITLE	STD	☐ DELETE	1.1 TOTAL		,	Change Addition
NAME	717		1.2 NAM	E		
STREET ADDRESS	2340 NE 53RD		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP			1.4 CITY	-ST-7(P		
TITLE	PD					Change Addition
NAME	17		2.2 NAM	E	•	
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP		
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	MODIOGRAM, STATES C.		3.2 NAM	E		
STREET ADDRESS	EDOT THE TOTAL OT		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			_	'-ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME	ALLEGRI, CHARLES	_	4. 2 NAN			
STREET ADDRESS	1001 N CYPRESS CRK RD20	5		ET ADDRESS		
CITY-ST-ZIP			4.4 City			Change Addition
TALE			5.1 TITLE			C Outside C Marition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY 6.1 TITLE			Change Addition
TITLE	·	C Detect	6.2 NAM	1		En average En visition
NAME OTDET ADDRESS				ET ADDRESS		
STREET ADDRESS			■ 0.3 STRE	LI MUUNESS		

64 CITY-ST-ZIP

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 corporate for the fuceiver 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 changes, or man attachment with an address.