

DOCUMENT # 383983

1. Entity Name

CONTINENTAL SHELF ASSOCIATES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90023 007 ***158.75

Principal Place of Business 759 PARKWAY STREET JUPITER FL 33477	Mailing Address 759 PARKWAY STREET JUPITER FL 33477-4567
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 64-0508505	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STEVENS, SARAH S.
759 PARKWAY STREET
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	STEVENS, ROBERT C. JR.	
STREET ADDRESS	759 PARKWAY STREET	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	AYER, FREDERICK B. II	
STREET ADDRESS	759 PKWY.ST.	
CITY-ST-ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEVENS, SARAH SUSAN	
STREET ADDRESS	759 PKWY.ST.	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	GETTLESON, DAVID A.	
STREET ADDRESS	759 PKWY.ST.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Gettleson* **David Gettleson** *1/25/00* *561-746-7946*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #