SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

501529

(2)

CONTINENTAL INTERIORS, INC.

FILED Aug 05 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		
845 DONALD ROSS RD JUNO BEACH FL 33408 US		845 DOANLD ROSS RD JUNO BEACH FL 33408 US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 03/09/1976
⊢ '	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1713550 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	de	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 30	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
CLEW, RICHARD L. 2140 ARDLEY COURT JUNO ISLES FL 33408 new address			82 Street A 4	lew, Richard L. ddress (P.O. Box Number is Not Acceptable) 293 Hickory Drive alm Beach Gardens, FL 33418
			84 City	
Palm Beach Gardens, FL 33418				
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				
40	Signature, typed or printed name of registered age		Registered Agent signature	
12.	SDT OFFICERS AT	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CL ew , eileen k	DELETE	1	Change Addition
STREET ADDRESS	2140 ARDLEY COURT		1.2 NAME	4293 Hickory Drive
CITY-ST-ZIP	JUNO ISLES FL		1.3 STREET ADDRESS	Palm Beach Gardens, FL 33418
TITLE	PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	CLEW, RICHARD L	L DECETE	2.2 NAME	L_J Change L_J Addition
STREET ADDRESS	2140 AROLEY COURT		2.3 STREET ADDRESS	4293 Hickory Drive
CITY-ST-ZIP	JUNO ISLES FL		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		DELETE	3.1 TITLE	Change Addition
NAME		beech	3.2 NAME	Conside T Vacuion
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME		—	4.2 NAME	- Shango - Hadilon
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			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for the e	exemption stated in s	ection 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 13 if changed, or on an attachment with an address.

CNATURE. Elleen K. Clew

July 28 1008 561 627 5424