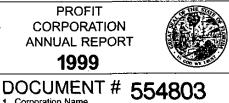
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90007 014 \*\*\*150.00

CONTIN	ental realty servi	CES, INC.							
Principal Place	e of Business	Mailing Address		_	. I 188181 81101 011	(1 0100) (0(( <del>)</del> 00(00 (()) 0(0))	AINT BIBN BIBN B	11011 01011 1001	
5550 GLADES RD SUITE 301		5550 GLADES RD SUITE 301	5550 GLADES RD SUITE 301		DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33431 BOCA RATON FL 33431 US US					3. Date Incorporated or Qualifed				ļ
03	•	03			11/02/1977	U, GOSMOO		l	
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Ap	plied For	ĺ
21 7651		IRUGE 7651 ESTRU	UA	IRCLS	59-2460506		No	t Applicable	ĺ
Suite, Apt.		Suite, Apt. #, etc.		,, <u>-</u>		s Desired	\$8.75	Additional	!
22		27			5. Certifcate of Statu	s peziled 🗀	Fee Re	quired	
City & Stat	е	City & State			6. Election Campaigi	Financing	<del>-</del> ~\$5:00		-
23 BOCA	4 KATON, FL	28 BOCA RATE		<u>-                                    </u>	Trust Fund Contril		Added t	o Fees	ĺ
Zip	Country	2ip 2ip 2	Count		, -·· ,	wes the current year In	tangible ☐ Yes _	No	
24 334	<u> </u>		30 0 5	5 A	Personal Property  10 Name and Addre	Tax. ss of New Registered			
	9. Name and Address of	Current Registered Agent	8	11 Names			7.90		ĺ
ROS	S, ROBERT D		L		BERT D.	<u> Ross</u>			
	GLADES RD		8	2 Street Add	ress (P.O. Box Number is	Not Acceptable)	CLE	•	
STE			8	13	1 0011-00	<u> </u>			
	A RATON FL 33431							2. 1.	
			8	4 City of A	+ DATEAL	FI	85 Zip (	<b>%33</b>	
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Florida Stat	utes, the abo	ve-named corp	poration submits this state	ment for the purpose o	f changing its	registered	
office or r	egistered arent, or both, in the	e State of Florida, Such change was e obligations of, Section 607.0505, F	authorized b Iorida Statute	y the corporati	on's board of directors. It	nereby accept the appo	intment as re	gisterea	ŀ
	Abulla -	- Congations of, Cooler corrector,	TOTAL CIGIO			4/15	199		
SIGNATURE	Signature, typed Inted name of regis	stered agent and title if applicable. (NO	TE: Registered A	gent signature require		DATE			í
12.	,	ERS AND DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFICERS A			1 5
TITLE	PVT	☐ DELETE	1.1 TITLS	•			Change	☐ Addition	3
NAME /	ROSS, ROBERT D			<b>,</b>					3
STREET ADDRESS	7651 ESTRELLA CIR			ET ADDRESS [		<u>.</u>			Į
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CITY				Change	Addition	8
TITLE		☐ DECE 1E	2.1 TITLE					<u> </u>	
NAME			2.2 NAM	_					
STREET ADDRESS			1	ET ADDRESS	•				1
TITLE*****		DELETE-	2. 4 CH Y	/-ST-ZIP			Change -		-=
NAME			3.2 NAM				<del></del> -		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				r-ST-ZIP					
TITLE	,	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	,		4. 2 NAM	KE					
STREET ADDRESS				EET ADDRESS	•	•			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 मीध	E			Change	Addition	1
NAME			5.2 NAM	E					1
STREET ADDRESS			5.3 STR	EET ADDRESS					1
CITY-ST-ZIP			5.4 CITY		<u> </u>			,	
TITLE		☐ DELETE	6.1 TITL	i			Change	☐ Addition	
NAME			6.2 NAM						
STREET ADDRESS				EET ADDRESS		•			
	I .		64 CITY	- ST- 7IP					I

14. Thereby 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 supplied that 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 of 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, from an attachment with an address, with all other like empowered.

SIGNATURE: