

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769397

(1)

1. Corporation Name

THE CONTINUUM, INC.

Principal Place of Business

Mailing Address

~~307 LINCOLN RD. SUITE 100 MIAMI BEACH FL 33139~~
Moving/Address 1688 Meridian AV Suite 505 MIAMI Beach FL 33139
7.20.97 for MAIL.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/15/1983	01/29/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2440515	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
Country	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERWIN ESO, JEAN S
25 SE SECOND AVENUE
SUITE 623 INGRAHAM BLDG
MIAMI FL 33130

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Change Addition
NAME	LEHR, MIRA T.	1.2 NAME	
STREET ADDRESS	5215 PINETREE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	Change Addition
NAME	ENGLE, BROOKE	2.2 NAME	
STREET ADDRESS	121 SAN MARINO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	Change Addition
NAME	LEVENSON, ANNAMAE	3.2 NAME	
STREET ADDRESS	5660 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	Change Addition
NAME	ENGLE, E B	4.2 NAME	
STREET ADDRESS	121 W. SAN MARINO DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	Change Addition
NAME	LEHR, MIRA T	5.2 NAME	
STREET ADDRESS	5215 PINETREE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	Change Addition
NAME	LEVENSON, ANNAMAE	6.2 NAME	
STREET ADDRESS	5660 COLLINS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33140	6.4 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED July 18, 1997 305.534.0046

CR2E037 (4/97)