

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769397** (1)
1. Corporation Name
THE CONTINUUM, INC.



Principal Place of Business 1800 MERIDIAN AVE SUITE 506 MIAMI BEACH FL 33139 US	Mailing Address 1800 MERIDIAN AVE SUITE 506 MIAMI BEACH FL 33139 US
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2. Principal Place of Business 21 in absence: temporary Suite, Apt. #, etc. 22 searching new location.. City & State 23 Zip 24	2a. Mailing Address 26 121 W. SAN MARINO DR Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, Florida Zip 29 33139 Country 30 DADE
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3. Date Incorporated or Qualified 07/15/1983	4. FEI Number 59-2440515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PERWIN ESO, JEAN S 25 SE SECOND AVENUE SUITE 623 INGRAHAM BLDG MIAMI FL 33130	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEHR, MIRA T.
STREET ADDRESS	5215 PINETREE DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ENGLE, BROOKE
STREET ADDRESS	121 SAN MARINO DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEVENSOM, ANNAMEE
STREET ADDRESS	5660 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	ENGLE, E B
STREET ADDRESS	121 W. SAN MARINO DR.
CITY-ST-ZIP	MIAMI FL 33139
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEHR, MIRA T
STREET ADDRESS	5215 PINETREE DR.
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEVENSOM, ANNAMEE
STREET ADDRESS	5660 COLLINS AVE.
CITY-ST-ZIP	MIAMI BCH. FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **E. Brooke Engle** **MARCH 12, 1998** **305.534.0046**

CR2E037 (10/97)