

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90208 011 ****61.25

0027977

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 769397

1. Corporation Name THE CONTINUUM, INC.

Principal Place of Business 1688 MERIDIAN AVE SUITE 505 MIAMI BEACH FL 33139 US Mailing Address C/O ENGLE 121 W SAN MARINO DR MIAMI BEACH FL 33139 US



2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (07/15/1983), 4. FEI Number (59-2440515), 5. Certificate of Status Desired, 6. Election Campaign Financing Trust Fund Contribution

9. Name and Address of Current Registered Agent (PERWIN ESQ, JEAN S, 25 SE SECOND AVENUE, SUITE 623 INGRAHAM BLDG, MIAMI FL 33130), 10. Name and Address of New Registered Agent

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 (LEHR, MIRA T., ENGLE, BROOKE, LEVENSON, ANNAMAE, ENGLE, E B, LEHR, MIRA T., LEVENSON, ANNAMAE), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)