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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F11317 (7)
1. Corporation Name
FIRST CONTINENTAL CORPORATION



Principal Place of Business
2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

Mailing Address
2791 POINCIANA BLVD
KISSIMMEE FL 34746-5261
US

3. Date Incorporated or Qualified
12/16/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2094842	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

~~MEYERS, STEVEN M.~~ Steven M. Meyers, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TOW S. BISCAYNE BLVD.
MIAMI FL 33131

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	SDCB
NAME	MEYERS, HILLEL	1.2 NAME	
STREET ADDRESS	4875 PINETREE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	SINCLAIR, CYNTHIA A	2.2 NAME	
STREET ADDRESS	7757 INDIAN RIDGE TRAIL N	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	MEYERS, NEIL DR.	3.2 NAME	
STREET ADDRESS	2791 N. POINCIANA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	KAPLUS, ROBERT	4.2 NAME	
STREET ADDRESS	3235 TOMAHAWK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Kaplus, Pres

4/18/97

407-396-8300 x5174

CR2E034 (9/96)