

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:33

DOCUMENT # F93000001511 (5)

1. Corporation Name

CONTINENTAL AMERICAN DEVELOPMENT, INC.

Principal Place of Business

**1764 SAN DIEGO AVENUE
SAN DIEGO CA 92110**

Mailing Address

**1764 SAN DIEGO AVENUE
SAN DIEGO CA 92110**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

08/05/1994

4. FBI Number

95-3809144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	DUPREE, E S
STREET ADDRESS	1764 SAN DIEGO AVE
CITY - ST - ZIP	SAN DIEGO CA
TITLE	DVT
NAME	ROSENTHAL, ROBERT D
STREET ADDRESS	1764 SAN DIEGO AVENUE
CITY - ST - ZIP	SAN DIEGO CA 92110
TITLE	DS
NAME	LARIMORE, NANCIE
STREET ADDRESS	1764 SAN DIEGO AVENUE
CITY - ST - ZIP	SAN DIEGO CA 92110
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	C/P
2.3 STREET ADDRESS	EPSTEIN, DANIEL J.
2.4 CITY - ST - ZIP	1764 SAN DIEGO AVENUE SAN DIEGO, CA 92110
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 067, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

E. Scott Dupree

E. Scott Dupree, V.P. 1/25/95 619-297-6771

Signature and typed or printed name of signing officer or director

Date

Typed Name

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2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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SIGNATURE

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(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1. TITLE	☐ Change ☐ Addition
NAME	DUPREE, E S	12 NAME	
STREET ADDRESS	1764 SAN DIEGO AVE	13 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	14 CITY - ST - ZIP	
TITLE	DVT	21 TITLE	☒ Change ☐ Addition
NAME	ROSENTHAL, ROBERT D	22 NAME	C/P
STREET ADDRESS	1764 SAN DIEGO AVENUE	23 STREET ADDRESS	EPSTEIN, DANIEL J.
CITY - ST - ZIP	SAN DIEGO CA 92110	24 CITY - ST - ZIP	1764 SAN DIEGO AVENUE
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	LARIMORE, NANCIE	32 NAME	
STREET ADDRESS	1764 SAN DIEGO AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA 92110	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Scott Dupree, V.P. 1/25/95 619-297-6771

Dps

(Signature Required)