

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000956 (1)**

1. Corporation Name

CONTINUITY DIRECT LIMITED, INC.



Principal Place of Business

Mailing Address

**46 EGERTON GARDENS
KNIGHTSBRIDGE, STE 4
LONDON, ENGLAND SW3 2BZ**

**46 EGERTON GARDENS
KNIGHTSBRIDGE, STE 4
LONDON, ENGLAND SW3 2BZ**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**MELCER, STEPHEN G
4800 N. FEDERAL HWY. #205-E
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of person making change is required for this report.

Signature of the Agent is not required for this report.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CDS
HICKMAN, ROGER
FLAT 4, 46 EGERTON GARDENS
LONDON SW3 2BZ**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DIANDREA, FRANCESCO
39 DESFORD RAD
CANNING TOWN, LONDON**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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 or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an amendment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

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***225.00**

2/2/96

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