

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000000610

1. Corporation Name

CONTINENTAL RESERVATIONS INC.

Principal Place of Business

2929 ALLEN PARKWAY, STE 1562
HOUSTON TX 77019

Mailing Address

2929 ALLEN PARKWAY, STE 1562
HOUSTON TX 77019

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90090 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number

76-0517977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1600 SMITH ST

26 PD BOX 4607

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HQSTX

27 HQSTX

City & State

City & State

23

28

Zip Country

Zip Country

24 77002

29 77210-4607 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME CD
BETHUNE, GORDON M
STREET ADDRESS 2929 ALLEN PARKWAY, STE 1562
CITY-ST-ZIP HOUSTON TX

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1600 SMITH ST - HQSTX

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME PD
BRENNEMAN, GREGORY D
STREET ADDRESS 2929 ALLEN PARKWAY, STE 1562
CITY-ST-ZIP HOUSTON TX

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1600 SMITH ST - HQSTX

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME VTD
KELLNER, LAWRENCE W
STREET ADDRESS 2929 ALLEN PARKWAY, STE 1562
CITY-ST-ZIP HOUSTON TX

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1600 SMITH ST - HQSTX

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME VSD
SMISEK, JEFFERY A
STREET ADDRESS 2929 ALLEN PARKWAY, STE 1562
CITY-ST-ZIP HOUSTON TX

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1600 SMITH ST - HQSTX

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1999

713-324-2130

Date

Daytime Phone #

CR2E034 (11/98)