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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02979

(4)

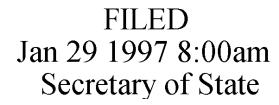
CONTINENTAL ELEVATOR CABS AND ENTRANCES LTD., IN C.

Principal Place of Business

Mailing Address

6089 TAYLOR RD J & C INDUSTRIAL PARK NAPLES FL 33942

6089 TAYLOR RD J & C INDUSTRIAL PARK NAPLES FL 34109-1834





NAPLES FL 339		NAPLES FL 34109-1834						
					3. Date Incorporated or Qualified 10/01/1982	3a. Date 02/27/		epart
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
21 26					59-2220022		Not	Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_X	8.75 A	
22		27			Di Gorinicale di Diales Boomes		Fee Re	quired
City & State	0	City & State			6. Election Campaign Financing	· _ +=:=+ :::::, = -		
23		28			Trust Fund Contribution	<u> </u>	Added to	
Zip	Country	Zip	⊢ ⊸	ıntry	8. This corporation has liability for in			199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	44	Yes 🔲 I		
	9. Name and Address of Curren	t Hegistered Agent		81 Name	10. Name and Address of New Reg	istered Age	ent	
	ORN, KATHLEEN A			DI Name				
	DEVILS BIGHT			82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
NAPI	LES FL 33940							
				63				
				84 City		FL	35 Zip (ode
44.5	10 707 010	0 10074100 51 11 0		<u> </u>			Щ.,	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida Sta of Florida. Such change wa ations of, Section 607,0505,	tutes, ine a is aulhorize Florida Sta	bove-named corp d by the corpora tutes.	poration submits this statement for the protion's board of directors. I hereby acception	urpose of ch t the appoint	anging its tment as i	registered registered
SIGNATURE	Signature, typed or printed name of registered agri	o; and the Tapphoable (*	NOTE: Registere	d Agent signature requi	red when reinstabing)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12
TITLE	PD	DELETE	1.1 1	TLF			Change	Addition
NAME	ALCORN, DAVID L.		1.2 N	AME				
STREET ADDRESS	310 DEVILS BIGHT		1.3 \$	REET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 C	TY- \$1 - 7IP				
TITLE	STD	DELETE	2.1 TI	TEE			Change	Addition
NAME	ALCORN, KATHLEEN A.		2.2 N	AME				
STREET ADDRESS	310 DEVILS BIGHT		2.3 \$	THEET AUDRESS				
CITY-ST-ZIP	NAPLES FL		2 4 0	ITY-ST-7IP				
TITLE		DELFTE	3 1 J				Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	IREET ADDRESS				
CITY-ST-ZIP			3.4. (11Y+S1-Z(P				
TITLE		DELETE	4.1 To				Change	Addition
NAME			4. 2 N	JAME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 C	11Y - \$1 - ZIP				
TITLE		DELETE	5 1 TI	1LE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIP			5.4 C	HY - S1 - 7IP				
TITLE		DELETE	6 1 TI				Change	Addition
NAME			62 N	AME				
STREET ADDRESS			63 S	IREET ADDRESS				
CITY-ST-ZIP				TY-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)(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.

SIGNATURE HE TOREN (1000)

KATHLEEN ALCORN, SECRE/TREASURER

JAN.7,1997