

**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 # **G96334 (9)**

1. Corporation Name  
**CONTINENTAL INSURANCE GROUP, INC.**



Principal Place of Business: **300 31ST STREET NORTH STE. 215 ST. PETERSBURG FL 33713 US**  
Mailing Address: **P. O. BOX 15407 N/A ST. PETERSBURG FL 33733 US**

3. Date Incorporated or Qualified: **04/16/1984**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, City, State, Zip, and Country.

4. FEI Number: **59-2400008**  
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

9. Name and Address of Current Registered Agent:  
**BUCK, JAMES L.  
300 31ST STREET NORTH  
STE. 215  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	BUCK, JAMES	<input type="checkbox"/> DELETE
NAME		300 31ST STREET, WEST	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-STATE-ZIP			
TITLE	VPST	DIRIENZO, ANTHONY	<input type="checkbox"/> DELETE
NAME		13478 ANDOVA DRIVE	
STREET ADDRESS		LARGO FL	
CITY-STATE-ZIP			
TITLE	T	BUCK, JAMES	<input type="checkbox"/> DELETE
NAME		3221 NUNOY RD	
STREET ADDRESS		TAMPA FL	
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

700001873267  
-06/24/96--01040--012  
\*\*\*25.00

800001873268  
-06/24/96--01040--013  
\*\*\*200.00

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 hereby 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 in person; 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

CR2E034 (12/95)

6/24/96

5-2896 8/332/8880