

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H06109**

1. Corporation Name
**Continental Field Service Corporation
37 East Main Street
Elmsford, NY 10523**

Principal Place of Business Mailing Address
**37 E Main St 37 E Main St.
Elmsford, NY 10523 Elmsford, NY 10523**

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
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/01/84 4/1995
4. FEI Number Applied For
64-0440296 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**Pat Renz
3700 NW 91st Street Suite D-100
Gainesville, FL 32606**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (Do Not Register Agent Signature to remain when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Roy L Hill	
STREET ADDRESS	5 Whitewood Rd	
CITY-ST-ZIP	White Plains, NY	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Michael D Hill	
STREET ADDRESS	5 Whitewood Rd	
CITY-ST-ZIP	White Plains, NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Beth A Hill	
3. STREET ADDRESS	5 Whitewood Rd	
4. CITY-ST-ZIP	White Plains, NY	
5. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2. NAME		
5. 3. STREET ADDRESS		
5. 4. CITY-ST-ZIP		
6. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME		
6. 3. STREET ADDRESS		
6. 4. CITY-ST-ZIP		

100001700411
-03/28/96-01016-029
***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 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, changed, or of an attachment with an address.

SIGNATURE: *Beth A Hill* Beth A Hill 3/18/96 (914) 592-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)