


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90007 016 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J25187 Corporation Name CONTINENTAL ASSET MANAGEMENT, INC.		

Principal Place of Business O J. S. KARLTON COMPANY HOLLY HILL LANE STE. 300 GREENWICH CT 06830	Mailing Address C/O J. S. KARLTON COMPANY 75 HOLLY HILL LANE STE. 300 GREENWICH CT 06830
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1986	
4. FEI Number 65-0382825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 475 STEAMBOAT ROAD	2a. Mailing Address 475 STEAMBOAT ROAD
Suite, Apt. #, etc. 4TH FLOOR	Suite, Apt. #, etc. 4TH FLOOR
City & State 28	City & State 30
Zip 25	Country
Zip 29	Country

9. Name and Address of Current Registered Agent RAPOPORT, ALLEN J ESQ 999 PONCE DE LEON BLVD. STE 1110 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>83</td></tr><tr><td>84 City FL 85 Zip Code</td></tr></table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City FL 85 Zip Code
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82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City FL 85 Zip Code					

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																																																																									
OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																								
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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.

SIGNATURE:  **SIGNATURE REQUIRED** **8/24/99** **203)629-5333**

CR2E034 (5/99)