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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K21961** (3)
1. Corporation Name
CONTINENTAL AGGREGATES INC.



Principal Place of Business: **2001 W. SAMPLE RD. STE. 410 POMPANO BCH. FL 33064 US**

Mailing Address: **P.O. BOX 93-9197 MARGATE FL 33093-4197 US**

3. Date Incorporated or Qualified: **04/27/1988**

3a. Date of Last Report: **01/31/1996**

4. FEI Number: **65-0047637**

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

2. Principal Place of Business: **6600 N. ANDREWS AVE. SUITE 200 FORT LAUDERDALE, FL. 33309 US**

2a. Mailing Address: **P.O. BOX 93-9007 MARGATE, FL. 33093-9007 US**

g. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEIJER, JAN	
STREET ADDRESS	2001 W. SAMPLE ROAD, #401	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	PM	<input checked="" type="checkbox"/> DELETE
NAME	MIDDEL, RAY	
STREET ADDRESS	2001 W. SAMPLE RD., #401	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JAN	
STREET ADDRESS	2001 W. SAMPLE ROAD, #401	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNUTSON, GORAN	
STREET ADDRESS	2001 W. SAMPLE ROAD, #401	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWAHN, GOSTA	
STREET ADDRESS	2001 W. SAMPLE ROAD, #410	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT RAAB	
1.3 STREET ADDRESS	6600 N. ANDREWS AVE SUITE 200	
1.4 CITY - ST - ZIP	FT. LAUD, FL 33309	
2.1 TITLE	VID/ASST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LARRY SUTTON	
2.3 STREET ADDRESS	6600 N. ANDREWS AVE SUITE 200	
2.4 CITY - ST - ZIP	FT. LAUD, FL 33309	
3.1 TITLE	V/PM/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAY MIDDEL	
3.3 STREET ADDRESS	6600 N. ANDREWS AVE SUITE 200	
3.4 CITY - ST - ZIP	FT. LAUD, FL 33309	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	6600 N ANDREWS AVE. SUITE 200	
5.4 CITY - ST - ZIP	FT. LAUD, FL 33309	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - 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: *Larry E Sutton* DATE: **1/8/97** DAYTIME PHONE #: **954-351-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)