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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

2. Principal Place of Business  
21 6600 N. ANDREWS AVE.  
22 Suite, Apt. #, etc. SUITE 200  
23 City & State FORT LAUDERDALE, FL.  
24 Zip 33309 25 Country US

2a. Mailing Address  
26 P.O. BOX 93-9007  
27 Suite, Apt. #, etc.  
28 City & State MARGATE, FL.  
29 Zip 33093-9007 30 Country US

4. FEI Number 65-0047637  
Applied For 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

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

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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	V/D	<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	V/D/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: *Ray E. Sutton*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 954-351-1800  
Date Daytime Phone #

CR2E034 (9/96)