## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

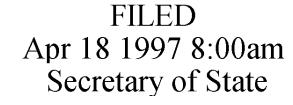
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91077

(2)

CONTINENTAL VENTURES, INC.





Principal Plac	e of Business	Mailing Add	Mailing Address				i laditætt den løsåt fløtt detti løbt blett dett dett blet blett blett blett blett blett			
218-A E. EAU GALUE BLVD.		218-A E. EAU	218-A E. EAU GALLIE BLVD #17							
#17		<b>#17</b>								
	R BCH FL 32937	-	INDIAN HARBOR BCH FL 32937-4874							
US		US					3. Date Incorporated or Qualified 08/01/1990		te of Last R   <b>1/1996</b>	leport
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number		Ar	pplied For
21		26					59-3028332			ot Applicable
Suite, Apt.	#, etc	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired			Additional
22		27							Fee Re	equired
City & Stat	С	City & St	ate				6. Election Campaign Financing	-		May Be
23		28					Trust Fund Contribution		<del></del>	to Fees
Zφ	Country	Zφ	<b>-</b>	Count	try	1	8. This corporation has liability for			3. 199.032,
24	25	29		30		i	Florida Statutes  10. Name and Address of New Re		No	
	9. Name and Address of Cu	urrent Registered Age	<del>)</del>		ii I	Name	10. Name and Address of New Ro	gistered /	rgeni	
	TE, JULIE				"	name .	/ 1 .			
441 NORTH HARBOR CITY BLVD.					2	Street Addr	ess (P.O. Box Number i 🗘 ot Accepta	ole)		
C-16					_					
MEL	BOURNE FL 32935			18	33		, , , , , , , , , , , , , , , , , , ,			
Ì				8	34	City			85 Z <sub>1</sub> D	Code
								<u> FL</u>		
11. Parsuant	to the provisions of Sections 607	7.0502 and 607.1508, F	lorida Statute:	s, the abo	ove-	named corp	oration submits this statement for the	ourpose of	changing i	ts registered
	registered agent, or both, in the t im familiar with, and accept the c					ne corporati	ion's board of directors. I hereby acce	pi ine app	omunem as	; registered
SIGNATURE										
CACAL COLL	Sognative regulator printed name of register		(NOTE:	Registered /	Ageni	i signature requin	ed when reinstaling}	DATE		
12.		S AND DIRECTORS		13.		<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND		
TILE	PDV	L	] DELETE	1.1 TITL	E				L Change	Addition
NAME	WHITE, JULIE			1.2 NAM	ŧΕ					
STREET ADDRESS	441 N. HARBOR CITY BLV	D #C-16		1.3 STRI	EET A	DDRESS				
C(TY+S1+Z)P	MELBOURNE FL			1.4 CITY	- ST -	· ZIP				
TILE	ST	Ĺ	] DELETE	2.1 TITL	E				Change	Addition
NAMč	WHITE, JULIE			2.2 NAM	ŧΕ					
STREET ADDRESS	441 N HARBOR CITY BLVI	D #C-16		2.3 STA	EET A	DDRESS				
C/TY - \$1 - Z/P	MELBOURNE FL			2. 4 CIT	Y-\$1	- <u>Z</u> (P				
7111.6		Ī	DELETE	3.1 TITL	E				Change	Addition
NAME				3.2 NAM	4E	,				
STREET ADDRESS				3.3 STR	EET A	address				
C 1Y+S1+ZiP				3 4. CIT	y-St	-ZIP				
TITLE			DELETE	4.1 TITE	E				Change	☐ Addition
NAME				4. 2 NAM	ME					
STREET ADDRESS				4.3 STR	EETA	NOORESS .				
CITY - ST - ZIP				4.4 CITY	/-\$T-	- ZIP				
10 LE			DELETE	5.1 TITU	E				Change	Addition
NAME				5.2 NAM	AE .					
STREET ADDRESS				5.3 STR	EETA	ODRESS				
City+St-ZiP				5.4 CITY	/- \$T-	- ZIP				
TITLE			DELETE	6.1 TITL					Change	Addition
NAME				6.2 NAM	Æ			•		
STREET ADDRESS						ADDRESS				
City+S1-ZiP				6.4 CITY		1				
	by certify that the information sur	polied with this filing d	oes not qualify				Lin Section 119 07(3)(i). Florida Statut	as I further	certify that	t the

4. To hereby certify that the information supplied with distalling does not quality for the exemption stated in Section 119 07(3)(), Forda Statutes, 1 further certify that the information indicated on this annual report or supplied 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 13 or Block 13 changed, or on an attachment with an address.

**SIGNATURE:** 

Date

vytime Phone #