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FILED

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 # P23855 (0)

1. Corporation Name

CONTINENTAL FINANCIAL, LTD., INC.

Principal Place of Business

555 SKOKIE BLVD  
STE 285  
NORTHBROOK IL 60062  
US

Mailing Address

555 SKOKIE BLVD  
STE 285  
NORTHBROOK IL 60062-2833  
US

3. Date Incorporated or Qualified

04/13/1989

3a. Date of Last Report

02/12/1996

4. FEI Number

36-3594094

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

2. Principal Place of Business

21 555 SKOKIE BLVD

Suite, Apt. #, etc.

22 350

City & State

23 NORTHBROOK, IL

Zip

24 60062

Country

25 US

2a. Mailing Address

26 555 SKOKIE BLVD

Suite, Apt. #, etc.

27 350

City & State

28 NORTHBROOK, IL

Zip

29 60062

Country

30 US

9. Name and Address of Current Registered Agent

ZAMPELL, PAUL  
386 GOODLETTE ROAD SOUTH  
NAPLES FL 33940

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

Signature type for printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROSIN, JOSEPH A.  
STREET ADDRESS 555 SKOKIE BLVD #285  
CITY- ST- ZIP NORTHBROOK IL

TITLE V ☐ DELETE

NAME MICHNA, ANDREA  
STREET ADDRESS 555 SKOKIE BLVD #285  
CITY- ST- ZIP NORTHBROOK IL

TITLE S ☐ DELETE

NAME ROSIN, BARBARA  
STREET ADDRESS 555 SKOKIE BLVD #285  
CITY- ST- ZIP NORTHBROOK IL

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

ANDREA MICHNA V.P. ANDREA MICHNA 1/8/97 944-434-9410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)