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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 # P23855 (0)

1. Corporation Name
CONTINENTAL FINANCIAL, LTD., INC.



Principal Place of Business Mailing Address
555 SKOKIE BLVD STE 285 NORTHBROOK IL 60062 US
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**

2. Principal Place of Business 2a. Mailing Address
 21 **555 SKOKIE BLVD** 26 **555 SKOKIE BLVD.**
 Suite, Apt. #, etc. State, Apt. #, etc.
 22 **350** 27 **350**
 City & State City & State
 23 **NORTHBROOK, IL** 28 **NORTHBROOK, IL.**
 Zip Country Zip Country
 24 **60062** 25 **US** 29 **60062** 30 **US**

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSIN, JOSEPH A.	
STREET ADDRESS	555 SKOKIE BLVD #285	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHNA, ANDREA	
STREET ADDRESS	555 SKOKIE BLVD #285	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSIN, BARBARA	
STREET ADDRESS	555 SKOKIE BLVD #285	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *Andrea Michna* **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)