**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90002 030 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200007914

1. Corporation Name

CONTINENTAL CONSTRUCTION & MAINTENANCE, INC.

Principal Place	of Business	Mailing Address						
6401 CONGRES	S AVENUE	6401 CONGRESS AVENUE						
SUITE 205		SUITE 205			DO NOT WRITE IN THE SPACE			
BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed		ĺ		
					11/30/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	olied For	
21		26			65-0388148		Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I		
22		27		<del></del>	<u> </u>	Fee Red	finited	
City & State	)	City & State		6. Election Campaign Financing	\$5.00	-		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year In		_ \	
24	25 29 30		0		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name	,		ļ	
WHIT	TEHILL, STEVEN		00	C++ A	roop (D.O. Roy Number in Not Acceptable)			
6401 CONGRESS AVENUE			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SUITI	E 205		83					
BOC	A RATON FL 33487			<u> </u>				
	,		84	City	FL	85 Zip C	ode	
		1 cold son Florida Charles	44	L comed com		changing its	registered	
11. Pursuant t	to the provisions of Sections 607.0502 egistered adent, or both, in the State of	e and 50 (1508, Florida Statutes of Floridal Such change was aut	, the above horized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as reg	istered	
agent. I ar	familiar with, and accept the obligat	ons of Section 607:0505 Elorid	a Statutes	5.	-/	100		
SIGNATURE	M /W				5/11	/	!	
	Signature typed or printed name of registered agent		•	nt signature require	ed when reinstating) DATE	UD DIDECTO	DC IN 42	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	PVST	☐ DELETE	1.1 TITLE			☐ Orlange		
NAME	WHITEHILL, STEVEN		12 NAME				ļ	
STREET ADDRESS			13 STREE	T ADDRESS	•		]	
1	6401 CONGRESS AVENUE, SU	ITE 205	1.0 011122					
CITY-ST-ZIP	6401 CONGRESS AVENUE, SU BOCA RATON FL	ITE 205	1.4 CITY-8	ST-ZIP				
CITY-ST-ZIP TITLE		DELETE		ST-ZIP	<u> </u>	☐ Change	Addition	
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14. I 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 changes of the corporation of the corpo

SIGNATURE: 4