FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P93000079067 DOCUMENT #

CONTINENTAL INTERNATIONAL CORPORATION Phnopal Place of Business Mailing Address 588 MOONEY RD 588 MOONEY RD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1993 04/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3227625 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 $Z \phi$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JANCZEWSKI, JANUSZ R 82 Street Address (P.O. Box Number is Not Acceptable) 588 MOONEY RD. 83 FT. WALTON BEACH FL 32547 84 City 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, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TiTLE DELETE 1.1 TITLE ☐ Change ■ Addition JANCZEWSKI, JANUSZ R NAME 1.2 NAME **588 MOONEY RD** STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BEACH FL 32547 CITY - ST-712 1.4 CITY-ST-ZIP DELETE ☐ Addition Change 117LF 2 1 TITLE NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST- ZIP 24 CITY - S1 - ZIP □ D€LETE 111. E 3 1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHY-SI-ZIE 3.4 CITY - ST-ZIP ☐ DELETE Change 4. 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE Change Addition DLE 5. 1 TITLE NAME 5 2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE □ DELETE 6 1 TITLE ☐ Change ■ Addition NAME 6 2 NAME STREET ADORESS 6.3 STREET ADORESS C(1Y-S1-7)E 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 alternment with an address.

(12/95) CR2E034