

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:24

DOCUMENT # P94000022367 (4)

1. Corporation Name
KONTINU, INC.

Principal Place of Business

**5225 NE 1ST AVE.
 FT. LAUDERDALE FL 33334**

Mailing Address

**5225 NE 1ST AVE.
 FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/21/1994

4. FEI Number 4b. Applied For

65-04 87718

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. I have not changed my principal place of business ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 190.011, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

**KLOTHE, MARY L
 5225 NE 1ST AVE.
 FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 must be printed name of registered agent and the 1-800-828-8888

Signature must be printed name of registered agent and the 1-800-828-8888

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLOTHE, MARY L
STREET ADDRESS	5225 NE 1ST AVE.
CITY, ST, ZIP	OAKLAND PARK FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.	☐ Change ☐ Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(6)(b), Florida Statutes. I further certify that the information submitted 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:

Mary Lou Kloth
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

5/8/95

CR2E034 (3/95)