## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

## PROFIT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** Mar 31 1998 8:00am Secretary of State

DOCUMENT # P95000013342 (7) THE CONTINENTAL RESOURCE GROUP OF AMERICA, INC.					1 <b>1444 144</b> 4 1414 <b>01010</b> 1101 1101
Principal Place of Business Mailing Address				-	
3280 NW 2 SUITE 1000	3 AVE.	3260 NW 23 AVE. SUITE 1000, BLDG. E POMPANO BEACH FL 3	9060	DO NOT WRITE IN THIS	S SPACE
. 0	1 1	4		3. Date Incorporated or Qualified	
	PANGE OF MOCO	RESS		02/16/1995	
2. Principal P	lace of Business	2a. Mailing Address	20 15 00	4. FEI Number	Applied For
21 <u>330/</u>	N.W. dand ICKRAC	26 3301 N.W. 2	2Nd ICRRACE	65-0559752	Not Applicable
	#. etc. Building	Suite, Apt. #, etc. Bu	MOLING	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 / /00 City & State		27	<del></del>	- Flashing Donated and Flands	
⊢າ ຕິ	aNO BEACH FL	28 Pompano B	Country FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 330	069 25 U.S.A.		30 U.S. A.	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible  Yes No
	g. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	d Agent
1	IAJUELO, EDUARDO U 0537 WHEELHOUSE CIR IOCA RATON FL 33428		<ul> <li>81 Name</li> <li>82 Street Address</li> <li>83</li> <li>84 City</li> </ul>	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
·				F	
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					
12.	Signature, typed or printed name of registered agent a OFFICERS AND I	<del></del>	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	BAJUELO, EDUARDO U		1.2 NAME		
STREET ADDRESS	10537 WHEELHOUSE CIR		1.3 STREET ADDRESS		į.
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY - ST- ZIP		ŀ
TITLE	VID	DELETE	2.1 TITLE		Change Addition
NAME	BICKEL, JAMES B	<del></del>	2.2 NAME		
STREET ADDRESS	13096 COASTAL CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410	2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME		<del></del> -	3.2 NAME		_ , _
STREET ADDRESS			3.3 STREET ADDRESS		·
CITY-\$T-ZIP			3.4 CITY-ST-ZIP		Í
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		• -
STREET ADDRESS			4.3 STREET ADDRESS		ſ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		j
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_ 255616	6.2 NAME		The Automotion
ł			•		ŀ
STREET ADDRESS	/ )		6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not disality for	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this applied report or supplemental a	nnual report is true and accu	rate and that my signature	e shall have the same legal effect as if made L	inder oath: that I om an

officer or director of the proportion support is pute and accurate and triating signature shall have the same legal effect as if made under oath; that I am a officer or director of the proportiality or I have receiver or tusted 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 adachment with an address.