SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013342

1. Corporation Name

THE CONTINENTAL RESOURCE GROUP OF AMERICA, INC.

Principal Place of Business	Mailing Address
3301 NW 22ND TERR	3301 NW 22ND TERR
F700	F700
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**65-0559752**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent

BAJUELO, EDUARDO U.
10537 WHEELHOUSE CIR
BOCA RATON FL 33428

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PSD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BAJUELO, EDUARDO U**		1.2 NAME	
STREET ADDRESS **10537 WHEELHOUSE CIR**		1.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL 33428**		1.4 CITY-ST-ZIP	
TITLE **VTD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BICKEL, JAMES B**		2.2 NAME	
STREET ADDRESS **13096 COASTAL CIR**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____   Auc 5, 1999   954-972-4760