SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000096508 (3)**

1. Corporation Name
CONTINENTAL ONLINE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7800 BELFORT PKWY SUITE 270 JACKSONVILLE FL 32256	7800 BELFORT PKWY SUITE 270 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report: initial return

2. Principal Place of Business	2a. Mailing Address
21	26 The Pilot House
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Lewis Wharf
City & State 23	City & State 28 Boston MA
Zip / Country 24 / 25	Zip / Country 29 02110 / 30 USA

4. FEI Number: 04-3303454 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	P ☐ Change xx Addition
NAME		12 NAME	William T. Schelyer
STREET ADDRESS		13 STREET ADDRESS	20 South Road
CITY-ST-ZIP		14 CITY-ST-ZIP	Rye Beach NH 03871
TITLE	☐ DELETE	21 TITLE	C/D ☐ Change xx Addition
NAME		22 NAME	Amos B. Hostetter
STREET ADDRESS		23 STREET ADDRESS	10 Louisberg Square
CITY-ST-ZIP		24 CITY-ST-ZIP	Boston, MA 02108
TITLE	☐ DELETE	31 TITLE	S/D ☐ Change xx Addition
NAME		32 NAME	W. Lee H. Dunham
STREET ADDRESS		33 STREET ADDRESS	16 Lincoln Street
CITY-ST-ZIP		34 CITY-ST-ZIP	Belmont MA 02178
TITLE	☐ DELETE	41 TITLE	VC/D ☐ Change xx Addition
NAME		42 NAME	Timothy P. Neher
STREET ADDRESS		43 STREET ADDRESS	109 Commonwealth Ave
CITY-ST-ZIP		44 CITY-ST-ZIP	Boston MA 02116
TITLE	☐ DELETE	51 TITLE	VP/T ☐ Change xx Addition
NAME		52 NAME	P. Eric Krauss
STREET ADDRESS		53 STREET ADDRESS	1666 Commonwealth AVe, Apt. 33
CITY-ST-ZIP		54 CITY-ST-ZIP	Brighton MA 02116
TITLE	☐ DELETE	61 TITLE	CFO/SVP ☐ Change xx Addition
NAME		62 NAME	Nancy Hawthorne
STREET ADDRESS		63 STREET ADDRESS	74 Holland Road
CITY-ST-ZIP		64 CITY-ST-ZIP	Brookline MA 02146

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vice President, Treasurer & Corp. Controller 7/ /96 617-742-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
P. Eric Krauss