Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90177 010 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000002520**

1. Corporation Name

FINANCE	E-CONTINENTAL CORPOR/	ATION					
Principal Place	e of Business	Mailing Address			{0012001 tin 10110 01111 00111 00111	şil gölli bösib işbbi birib	U
·		1500 CATHEDRAL DRIVE					
1 <del>580 CATHEDR</del> MARGATE FL 3		MARGATE FL 33063					
U <del>S-</del>		- <del>US -</del>			DO NOT WRITE I	N THIS SPACE	
•					3. Date Incorporated or Qualifed		
					01/08/1996		
2. Principal P	lace of Business	2a. Mailing Address	\ - 0	7) 4	4. FEI Number 65-073	7483 AP	plied For
21		26/2000 800	iks Roak		APPLIED TOH	-No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	<u>∕</u> \$8.75 <i>₄</i>	I
22000 Banks Road 272222				) 1	a. Certificate of Status Desired	Fee Re	equired
City & State Cjty & State			1	1	6. Election Campaign Financing	\$5.00	May Be
23 Urr	iat Flooda	28 Margat	-1-1000	10	Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		B. This corporation owes the current		
· 33	1)(0)3 25 US A	29 53003 30	US _		Personal Property Tax.	¥Yes	□No
	9. Name and Address of Curre	ent Registered Agent		10	<ol><li>Name and Address of New Regi</li></ol>	stered Agent	
	ROUX, MATTHEW		81 Name	~~	eth Subject	$\sim$	
	82 Street A	Address	(P.Q. Box Number is Not Acceptable)	<u> </u>			
1500	300	<b>90</b>	Bunks Roac	<u> </u>			
MARGATE FL 33063			83	+.	222		
			84 City		000	85 Zip_0	Code
			84 City	XCM	y te	FL 85 Zip (	0631
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named c	corporati	ion submits this statement for the pur	ose of changing its	registered
office or r	registered agent, or both, in the State	e of Florida, Such change was auth	norized by the corpor a Statutes	oration's	board of directors. I hereby accept the	e appointment as re	gistered
		,,,	,		<b>33</b> /1./~	9	{
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE, Ro	egistered Agent signature rec	edwired whe	n reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	- <del>D</del> -	<b>X</b> DELETE	1.1 TITLE	7	" C land-a-	☐ Change	- Addition
NAME	MARCOUX, MATTHEW		1.2 NAME	Ken	ineth Suhandran	4-22	ĺ
STREET ADDRESS	1580 CATHEDRAL DRIVE		1.3 STREET ADDRESS	<b>a</b> CCC	DO BONYS ROCK		
CITY-ST-ZIP	MARGATE FL 33063		1 4 CITY-ST-ZIP	Ma	gate <u>Florida 33</u>	063	
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2 2 NAME				ì
STREET ADDRESS			2.3 STREET ADDRESS		فمستاح يشرافي الإرادان		-
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				r
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				}
			4.3 STREET ADDRESS				1
STREET ADDRESS			4.4 CITY-ST-ZIP				ļ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		·	- Change	Addition
			52 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
TITLE			6.2 NAME			- Crange	
NAME							
STREET ADDRESS	:[		6.3 STREET ADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954 956 006.6