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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046808 (6)

FILED Apr 24 1998 8:00am Secretary of State

CONT	INENTAL CONSULTING CO	RP.	•			!
Principal Place of Business Mailing Address						ii didig siidi (diii 80/64 16/7 168/
400 E. COLONIAL DR., UNIT 906 400 E. COLONIAL DR., UI ORLANDO FL 32803 ORLANDO FL 32803			UNIT 908		DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	7.100.1.02
					05/28/1997	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21					59-3448731	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	- -1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		641 AV-	10. Name and Address of New Registe	red Agent
C	LARK, NANCY L			81 Name		
400 E. COLONIAL DR., UNIT 908			ļī.	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
0	RLANDO FL 32803		Ļ			
				83		
			- -	B4 City		85 Zip Code
				1		┝┺╸┤│
office of agent. I	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat I am familiar with, and accept the obli	ibiz and 607.1508, Florida Stat le of Florida. Such change was gations of, Section 607.0505, I	tutes, the ab s authorized Florida Statu	ove-named cor by the corpora ites.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	and and title if applicable. (Ne	OTF: Boo stered	Agent signature requi	uired when reinstating) DA	TF.
12.		ND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TUTO	.E		Change Addition
NAME	CLARK, NANCY L		1.2 NA	vie		·
STREET ADDRESS 400 E. COLONIAL DR., UNIT 908			1.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32803			1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 THE			Change Addition
NAME	CLARK, R. ROGER		2.2 NAM	ле [
STREET ADDRESS		908	2.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		2, 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 7(1)			Change Addition
NAME			3.2 NAM	ME)		
STREET ADDRESS	s		33 STR	EET ADDRESS		
CITY-ST-ZIP	Ì		3.4. CIT	Y - ST - ZIP		
TITLE	DELETE		4.1 TITL	£		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS	s		4.3 STR	EET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CIT	Y-SI-ZIP		
TITLE	DELETE 5.1 T		5.1 T/TL	.E		Change Addition
NAME			5.2 NAM	NE		1
STREET ADDRESS	s		5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	61 TITL	.E		Change Addition
NAME	1		6.2 NAM	ME		
STREET ADDRESS	s (6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		

Thereby 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 supplientental armual 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 trusted 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 prior an attachment with an address.