Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCU	MENT # P9700	0072642										<u>ر</u> و	
CONTINENTAL MANAGEMENT CORPORATION, INC.						FILED							
Principal Place of Business Mailing Address						02 FEB -6 PN 3.51							
34602 CATTAIL DRIVE 34602 CATTAIL DR EUSTIS FL 32736-2228 US US						1 IDENIAL	SEC TAL	RET AHA	ARY (ASSEB	DE STA E, Flor In indiana	TE 184 Medikona	1801	
Principal Place of Business 3. Mailing Address													
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & Star	te	City & State			4. F	El Number	59-346	 34908			Applied For		
Zip ,	Country	Zip Coun		5. Certificate o			Status Des	ired		\$8.75 / Fee Requ	Additional		
6. Name and Address of Current Registered Agent					7. N	lame and Ad	dress of h	lew Re	gistered	Agent		コ	
VAHFY	JOHN P JR.		Name	D = -		<u></u>			<u></u>		_		
34602 CATTAIL DR				Street Address (P.O. Box Number is Not Acceptable)									
EÚSTIS	FL 32736-2228			City	<u> </u>					Zip C	nde	_	
A 75 11 1			l					FI					
8. The above	named entity submits this statement for	the purpose of changing its ri	egisteri	ed office or register	ed age	ent, or both,	in the State	of Flor	ida.			`	
SIGNATURE	Signature, typed or printed name of registered agent as	id title if applicable. (NOTE:	Registere	d Agent signature required	when rei	instating) "	300	06	14.8	129	73 -	-+2	
: Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2000 Make Check Payable	2 Fee	will be \$550.00	te	10. Election	on Campai Fund Contr	gn ik ili la	/12/(**1650	<u>)</u> 00 \$5	075(100 hits] 5 led to Fees	1 03 ₽.00	
11.	OFFICERS AND E		12.		لسب	DITIONS/CH	IANGES TO	OFFIC	ERS AN	D DIRECTO	RS IN 11	<u> </u>	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this leptor as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.													