

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V07356 (1)

1. Corporation Name
CONTINENTAL FIBER TECHNOLOGIES, INC.



Principal Place of Business PO BOX 17613-F JACKSONVILLE FL 32245-7613	Mailing Address 7800 BELFORT PARKWAY #190 JACKSONVILLE FL 32256-8925 US
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 01/17/1992	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3116083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	C	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSTETTER, AMOS B	1.2 NAME	
STREET ADDRESS	PILOT HOUSE, LEWIS WHORF	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	P	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITTER, MICHAEL J	2.2 NAME	
STREET ADDRESS	PILOT HOUSE, LEWIS WHARF	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	V	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELORME, JEFFREY T	3.2 NAME	
STREET ADDRESS	PILOT HOUSE, LEWIS WHARF	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	S	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNHAM, W LEE H	4.2 NAME	
STREET ADDRESS	PILOT HOUSE, LEWIS WHARF	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	AS	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARL, DAVID H	5.2 NAME	
STREET ADDRESS	5934 RICHARD STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SVP
NAME		6.2 NAME	P. Eric Krauss
STREET ADDRESS		6.3 STREET ADDRESS	1666 Commonwealth Ave. #33
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brighton, MA 02116

14. I do 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:  **P. Eric Krauss** 4/30/97 (617) 742-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)