

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P16399 (8)

1. Corporation Name

HERE COME THE CONTINENTAL BROTHERS, LTD., CORP.



Principal Place of Business

Mailing Address

C/O CONTINENTAL EQUITIES  
110-64 QUEENS BLVD SUITE 297  
FOREST HILLS NY 11375-6347

C/O CONTINENTAL EQUITIES  
110-64 QUEENS BLVD SUITE 297  
FOREST HILLS NY 11375-6347

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/15/1987

3a. Date of Last Report

01/23/1995

4. FEI Number

11-2873567

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

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P  
4100 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602

81 Name

Michael A. Bedke

82 Street Address (P.O. Box Number is Not Acceptable)

101 East Kennedy Blvd suite 2000

83

84 City

Tampa Florida

FL

85 Zip Code

33602

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

Michael A. Bedke

Michael A. Bedke

DATE

1/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
PEARLSTEIN, EDWARD  
STREET ADDRESS 110-64 QUEENS BLVD S-297  
CITY-ST-ZIP FOREST HILLS NY

TITLE ☐ DELETE

NAME S  
GOL, JANE  
STREET ADDRESS 110-64 QUEENS BLVD S-297  
CITY-ST-ZIP FOREST HILLS NY

TITLE ☐ DELETE

NAME D  
GOREN, ALEX  
STREET ADDRESS 805 THIRD AVE 26TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

718.575.8808

Daytime Phone

CR2E034 (12/95)