

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

PROFIT CORPORATION ANNUAL REPORT, 1996



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

DOCUMENT # P94000014964 (8)

1. Corporation Name
C R ALIGNMENT & CAR CARE, INC.



Principal Place of Business: **1043 SOUTH ORANGE BLOSSOM TR. ORLANDO FL 32805**
 Mailing Address: **1043 SOUTH ORANGE BLOSSOM TR. ORLANDO FL 32805**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, Etc.	27	Street, Apt. #, Etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/24/1994		04/26/1995
4.	FBI Number	Applied For	
	59-3240334	Not Applicable	
5.	Corporation 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 type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

**RAMIREZ, LESTER
 1043 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Section 607.011 and 607.012, Florida Statutes, the above named individual has filed 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 607.011, Florida Statutes.

SIGNATURE _____

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, LESTER M	NAME	
STREET ADDRESS	1043 S. ORANGE BLOSSOM TRAIL	STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32805	CITY, ST, ZIP	
TITLE	DV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, NELSON	NAME	
STREET ADDRESS	1043 S. ORANGE BLOSSOM TRAIL	STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32805	CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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Handwritten signature and date: 3-28-96

14. I do hereby certify that the information supplied with this filing voluntarily and truthfully 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, and that the business or business covered by this filing is located in the county, Charter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment to this filing.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)