


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 04 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724466 (8)
1. Corporation Name
CCAR SERVICES, INC.



Principal Place of Business 1107 MIDDLEBURG AVE. GREEN COVE SPRINGS FL 32043	Mailing Address 1107 MIDDLEBURG AVE. GREEN COVE SPRINGS FL 32043-2321
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3. Date Incorporated or Qualified 10/02/1972	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1478621	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COBB, RICHARD W.
431 STOWE AVENUE
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	D. GLEN OAKES
STREET ADDRESS	7732 RIVER AVE.
CITY - ST - ZIP	GREEN COVE SPRINGS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KELLY, EDWARD
STREET ADDRESS	200 W. FORSYTH STREET
CITY - ST - ZIP	JACKSONVILLE FL 32201
TITLE	P <input type="checkbox"/> DELETE
NAME	HAGEN, DR PAUL P
STREET ADDRESS	100 HUFFMAN STREET
CITY - ST - ZIP	PENNY FARMS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, WILBUR
STREET ADDRESS	279 BONNLYN DR
CITY - ST - ZIP	ORANGE PARK, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ROWLEY, SUSAN
STREET ADDRESS	1483 WILD IRIS LANE
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOELTING, VIOLA
STREET ADDRESS	721 WATER OAK LANE
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Paul P. Hagen** 2/24/97 904 284-9859

CR2E037 (9/96)