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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F34062

(2)

1. Corporation Name

THE CAR COMPANY, INC.

Principal Place of Business

1401 LAKE SHORE WAY
LAKE ALFRED FL 33850

Mailing Address

1401 LAKE SHORE WAY
LAKE ALFRED FL 33850

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOSPAW, JONATHAN
1401 LAKE SHORE WAY
LAKE ALFRED FL 33850

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 607.0507 and 607.1509, 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

(Signature to be printed in Block 12 or Block 13, as appropriate)

(Signature to be printed in Block 12 or Block 13, as appropriate)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	MOSPAW, CHRISTOPHER M	
STREET ADDRESS	125 E. LAKE ROY DR.	
CITY-STATE-ZIP	WINTER HAVEN FL 33884	
TITLE	PTD	DELETE
NAME	MOSPAW, JONATHAN H	
STREET ADDRESS	1032 CAREFREE COVE DR.	
CITY-STATE-ZIP	WINTER HAVEN FL 33884	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP	Change	Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP	Change	Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP	Change	Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP	Change	Addition

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 included 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
Jonathan H. Mospace
4/2/96
(941) 29561179

CR2E034 (12/95)