

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

FILED

**Apr 22 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 # F93000004029 (5)
1. Corporation Name
MANHEIM AUTOMOTIVE FINANCIAL SERVICES, INC.



Principal Place of Business 1400 LAKE HEARN DRIVE, NE ATLANTA GA 30319	Mailing Address 1400 LAKE HEARN DRIVE, NE ATLANTA GA 30319-1484
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/03/1993	3a. Date of Last Report 04/30/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-2082024	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CECCOLI, DARRYL M	
STREET ADDRESS	1400 LAKE HEARN DRIVE, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARTIN, ROBERT E	
STREET ADDRESS	1400 LAKE HEARN DRIVE, NE	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYON, LEON L	
STREET ADDRESS	1400 LAKE HEARN DRIVE, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERDEK, ANDREW A	
STREET ADDRESS	1400 LAKE HEARN DRIVE, NE	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	LANGHORNE, MICHAEL J	
STREET ADDRESS	1400 LAKE HEARN DRIVE, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CECCOLI, DARRYL M	
1.3 STREET ADDRESS	1400 LAKE HEARN DR.	
1.4 CITY - ST - ZIP	ATLANTA, GA. 30319	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BERRY, G. DENNIS	
6.3 STREET ADDRESS	1400 LAKE HEARN DR.	
6.4 CITY - ST - ZIP	ATLANTA, GA. 30319	

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

Date _____ Daytime Phone # _____

CR2E034 (9/96)