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Mar 07 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K73493 (4)

1. Corporation Name
CARS-N-ME, INC.

Principal Place of Business
2441 HWY 441 S
813 N MILITARY TRAIL
OKEECHOBEE FL 34974
US

Mailing Address
222 PICCADILLY ST
SUITE 100
WEST PALM BEACH FL 33407-8018
US



3. Date Incorporated or Qualified 03/17/1989 3a. Date of Last Report 07/15/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2441 Hwy 441 S.		25 Suite, Apt. #, etc.		65-0131716		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Okeechobee, FL		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip 34974		25 Country US		29 Zip		30 Country	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				Yes No			

9. Name and Address of Current Registered Agent

JAYNES, DAVID A.
222 PICCADILLY STREET
SUITE 100
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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 607.0502 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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD KAISER, ANNA M. 214 8TH STREET JUPITER FL	1.1 TITLE	Change Addition
NAME	KAISER, ANNA M.	1.2 NAME	
STREET ADDRESS	214 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	T KAISER, ANNA M. 214 8TH STREET JUPITER FL	2.1 TITLE	Change Addition
NAME	KAISER, ANNA M.	2.2 NAME	
STREET ADDRESS	214 8TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	V KAISER, MICHAEL G. 214 8TH STREET JUPITER FL	3.1 TITLE	Change Addition
NAME	KAISER, MICHAEL G.	3.2 NAME	
STREET ADDRESS	214 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael G. Kaiser Michael G. Kaiser 3-3-97 941-763-8994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)