

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

FILED
May 06 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 # P06873 (4)

1. Corporation Name
CAPITAL AUTOMOTIVE RESOURCES, INC.



Principal Place of Business 600 HART RD P.O. BOX 8109 BARRINGTON IL 60010 US	Mailing Address DEPT. 8209 260 LONG RIDGE RD. IAMS STAMFORD CT 06927-1600 US
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3. Date Incorporated or Qualified 07/25/1985	3a. Date of Last Report 04/14/1996
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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 99-0191099	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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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
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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 _____
S. printed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE V <input checked="" type="checkbox"/> DELETE NAME FIORE, DOMINIC A STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	<input type="checkbox"/> DELETE
TITLE PD <input type="checkbox"/> DELETE NAME DERICKSON, SANDRA STREET ADDRESS 600 HART RD. CITY-ST-ZIP BARRINGTON IL	<input type="checkbox"/> DELETE
TITLE D <input type="checkbox"/> DELETE NAME STEWART, EDWARD D. STREET ADDRESS 600 HART ROAD CITY-ST-ZIP BARRINGTON IL	<input type="checkbox"/> DELETE
TITLE T <input type="checkbox"/> DELETE NAME WERNER, JEFFREY S. STREET ADDRESS 777 LONG RIDGE RD. CITY-ST-ZIP STAMFORD CT	<input type="checkbox"/> DELETE
TITLE S <input type="checkbox"/> DELETE NAME GRABER, SARAH J. STREET ADDRESS 600 HART ROAD CITY-ST-ZIP BARRINGTON IL	<input type="checkbox"/> DELETE
TITLE V <input type="checkbox"/> DELETE NAME BRENNAN, WILLIAM H. STREET ADDRESS 777 LONG RIDGE ROAD CITY-ST-ZIP STAMFORD CT	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP-TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Jeffrey L Hyde 1.3 STREET ADDRESS 260 Long Ridge Rd 1.4 CITY-ST-ZIP Stamford CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE: Jeffrey L Hyde 4-27-97 203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)