

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000014229 (7)

1. Corporation Name

COMMUNITY RESOURCES CORPORATION OF AMERICA



Principal Place of Business: CONSTITUTION SQUARE, 219 CONSTITUTION BLVD., SARASOTA FL 34231
Mailing Address: 333 GIVENS STREET, SARASOTA FL 34242

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 07/26/1995
4. FEI Number: 65-0393356
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
REPKA, DENNIS L.
28870 US HWY. 19, SUITE 408
HODUSA TOWER
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
B1 Name: ROBERT B. ABEL
B2 Street Address (P.O. Box Number is Not Acceptable): 2100 CONSTITUTION BLVD
B3
B4 City: SARASOTA FL 85 Zip Code: 34231

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: ROBERT B. ABEL (typed or printed name of registered agent) [Signature] (typed or printed name of signing officer or director) [Signature] 4/20/96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABEL, ROBERT B	
STREET ADDRESS	333 GIVENS STREET	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARMADILLA, JAMES	
STREET ADDRESS	1985 WHITNEY WAY	
CITY-ST-ZIP	CLEARWATER FL 34641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENSON, WILLIAM	
STREET ADDRESS	2215 LAGOON DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D - PRESIDENT	<input type="checkbox"/> DELETE
NAME	KINCAID, THOMAS	
STREET ADDRESS	RT. 1 N 1545, LINN PER RD.	
CITY-ST-ZIP	LAKE GENEVA WI 53147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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] ROBERT B. ABEL, EX V.P. 4/20/96 94-927-9897

CR2E034 (12/95)