FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # P94000003046 (7)

1. Corporation Name

C & A ASSET RECOVERY, INC.

Principal Place of Business
3824 SE DIXIE HWY
STUART FL 34996 —
US

Mailing Address
P BOX 3000
STUART FL 34995
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24 34997
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 12/29/1993

3a. Date of Last Report: 02/06/1995

4. FEI Number: 65-0458812 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

CHRISTENSON, NEILS P
3824 SE DIXIE HWY
STUART FL 34996-

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 34997

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	[X] DELETE
NAME	CHRISTENSON, NEILS P	
STREET ADDRESS	3824 SE DIXIE HWY	
CITY-ST-ZIP	STUART FL	
TITLE	V	[X] DELETE
NAME	CHRISTENSON, DAVID	
STREET ADDRESS	2937 SE SANTA ANITA DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V	[X] DELETE
NAME	KRUNIC, DAVID	
STREET ADDRESS	1027 SW SPRUCE STREET	
CITY-ST-ZIP	PALM CITY FL	
TITLE	ST	[ ] DELETE
NAME	SCHLEMMER, JACI	
STREET ADDRESS	9406 SE MERCURY STREET	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	[ ] Change [X] Addition
5.2 NAME	Adams, Cecil R.	
5.3 STREET ADDRESS	728 24th Sq.	
5.4 CITY-ST-ZIP	Vero Beach, FL 32962	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: ____, Jaci Schlemmer 1/22/96 407-287-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #