FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 16 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 # **P94000003046 (7)**

1. Corporation Name
C & A ASSET RECOVERY, INC.

Principal Place of Business
3824 SE DIXIE HWY
STUART FL 34997
US

Mailing Address
P BOX 3000
STUART FL 34995-3000
US

3. Date Incorporated or Qualified: 12/29/1993
3a. Date of Last Report: 02/19/1996
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

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

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

9. Name and Address of Current Registered Agent
CHRISTENSON, NEILS P
3824 SE DIXIE HWY
STUART FL 34997

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	ADAMS, CECIL R.		12 NAME		
STREET ADDRESS	728 24TH SQ		13 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		14 CITY-ST-ZIP		
TITLE	ST	[ ] DELETE	21 TITLE		[X] Change [ ] Addition
NAME	SCHLEMMER, JACI		22 NAME		
STREET ADDRESS	~~9406 SE MERCURY STREET~~		23 STREET ADDRESS	3824 SE Dixie Hwy	
CITY-ST-ZIP	~~HOBE SOUND FL~~		24 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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 the 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] 4/29/97 561-287-3100