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Apr 29 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 # P94000008374 (8)

1. Corporation Name

COMPUTER AUTOMOTIVE REPAIR, INC.



Principal Place of Business

Mailing Address

5949 ARLINGTON RD
JACKSONVILLE FL 32211
US

5445 GROVE AVE
JACKSONVILLE FL 32211-6900
US

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1604 University Blvd N

26 P.O. Box 551405

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Country

24 32211

25 US

Zip

Country

29 32255

30 US

4. FEI Number

59-3238255

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINZI, KATHERINE L
5445 GROVE AVE.
JACKSONVILLE FL 32211

81 Name

KATHERINE L. PRINZI

82 Street Address (P.O. Box Number is Not Acceptable)

4420 NE 1ST ST

83

84 City

OSALA

FL

85 Zip Code

32470

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

City, state, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	PRINZI, KATHERINE L	
STREET ADDRESS	5445 GROVE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DVPS	DELETE
NAME	KRESS, JEFFREY J	
STREET ADDRESS	4255 WINDERGATE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPT	Change	Addition
1.2 NAME	PRINZI, KATHERINE L		
1.3 STREET ADDRESS	4420 NE 1ST ST		
1.4 CITY-ST-ZIP	OSALA, FLORIDA 32211		
2.1 TITLE	DVPS	Change	Addition
2.2 NAME	KRESS, JEFFREY J		
2.3 STREET ADDRESS	209 Solano Woods Dr.		
2.4 CITY-ST-ZIP	Ed. Ponte Vedra FLORIDA 32082		
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		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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: Katherine L. Prinzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

(904) 743-3804

Daytime Phone

CR2E034 (9/96)