

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

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Feb 24 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 # P95000039200 (7)

1. Corporation Name
CURRENT AUTO RESALES & SERVICE, INC.



Principal Place of Business
9030 ATLANTIC BLVD
JACKSONVILLE FL 32211
US

Mailing Address
8864 ATLANTIC BLVD.
JACKSONVILLE FL 32211-9766

3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 04/01/1996
4. FEI Number 59-3318081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
GALEANI, JOHN
8864 ATLANTIC BLVD.
JACKSONVILLE FL 32211

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREASMAN, WILLIAM J	1.2 NAME	
STREET ADDRESS	709 WESTCHESTER AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISLASON, PAUL H	2.2 NAME	
STREET ADDRESS	309 HOLLY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MANKATO MN 56001	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH, DONALD C	3.2 NAME	
STREET ADDRESS	309 HOLLY LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MANKATO MN 56001	3.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALEANI, JOHN	4.2 NAME	
STREET ADDRESS	8864 ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOND, JEFFREY S	5.2 NAME	
STREET ADDRESS	709 WESTCHESTER AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY 10604	5.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILMAN, KATHERINE	6.2 NAME	
STREET ADDRESS	8864 ATLANTIC BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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 SPILMAN 2/17/97 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 724-2144
Date Daytime Phone #

CR2E034 (9/96)