

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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INTEL CAR FINANCING, INC.

Principal Place of Business	Mailing Address
307 EAST MARION AVE PUNTO GORDA FL 33950 US	307 EAST MARION AVE PUNTO GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	1625 W. Marion Ave.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	Suite 2
City & State		City & State	
23		28	Punta Gorda Fla
Zip	Country	Zip	Country
24	25	29	30
		33950	USA

3. Date Incorporated or Qualified			
09/05/1995			
4. FEI Number	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
53-3335734			
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
 GEERTS, JOSE P
 807 EAST MARION AVE.
 PUNTA GORDA FL 33050

10. Name and Address of New Registered Agent			
81	Name	James E Moore III	
82	Street Address (P.O. Box Number is Not Acceptable)	Suite 2	
83		1625 West Marion Ave	
84	City	Punta Gorda	FL
85	Zip Code	33950	

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

Signature: [Signature] Printed or printed name of registered agent and title if applicable

(N016 - Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GEORIS, JOSE P	
STREET ADDRESS	307 EAST MARION AVE.	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRANDIA, JOHANNES	
STREET ADDRESS	CYPRESS GROVE CIRCLE 0051	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	P/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	J.B. VREEKER.		
1.3 STREET ADDRESS	Akkerdreef 385		
1.4 CITY - ST - ZIP	2723 XZ Zoetermeer, The Netherlands		
2.1 TITLE	VP/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	J.M. KOSTER.		
2.3 STREET ADDRESS	Akkerdreef 385		
2.4 CITY - ST - ZIP	2723 XZ Zoetermeer, The Netherlands		
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 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 I with an address.

SIGNATURE:

March 4, 1998

CP2E034 (10/97)