

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

FILED  
Jun 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000090825  
 1. Corporation Name  
**CAR AMERICA FINANCIAL, INC.**

Principal Place of Business	Mailing Address
	P.O. BOX 124 WINDERMERE, FL 34786

2. Principal Place of Business	2a. Mailing Address
21 2393 BELLEVUE AVE	26 P.O. BOX 124
22 Suite, Apt. #, etc. EXT E1	27 Suite, Apt. #, etc.
23 City & State DAYTONA BCH, FL	28 WINDERMERE, FL
24 Zip 32114 Country U.S.A	29 34786-0124 30 U.S.A

3. Date Incorporated or Qualified 11/29/95	3a. Date of Last Report 3/14/96
4. FEI Number 59-3364361	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name	SONNY SAKHAE
82 Street Address (P.O. Box Number is Not Acceptable)	
83	9224 WOODBREEZE BLV
84 City	WINDERMERE FL 85 Zip Code 34786

10. Name and Address of New Registered Agent

81 Name	SONNY SAKHAE
82 Street Address (P.O. Box Number is Not Acceptable)	
83	9224 WOODBREEZE BLV
84 City	WINDERMERE FL 85 Zip Code 34786

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 *Sonny Sakhae* 5-17-97  
 Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T JALALI ROBERT S	DELETE <input type="checkbox"/>
NAME	524 WEXDON CT	
STREET ADDRESS	LAKE MARY, FL 32746	
CITY-ST-ZIP		
TITLE	V/S SAKHAE SONNY	DELETE <input type="checkbox"/>
NAME	9224 WOODBREEZE BLV	
STREET ADDRESS	WINDERMERE, FL 34786	
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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: *Sonny Sakhae* SONNY SAKHAE 5-17-97 (407) 592-7992  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)