

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

FILED

Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000069950 (9)**

1. Corporation Name  
**THE NEW CAR ALTERNATIVE, INC.**

Principal Place of Business <b>1001 SO MYRTLE AVENUE STE 7 CLEARWATER FL 34616</b>	Mailing Address <b>1001 SO MYRTLE AVENUE STE 7 CLEARWATER FL 34616-3930</b>
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2. Principal Place of Business 21 <b>4315 US HWY 98 NORTH</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4315 US HWY 98 NORTH</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/20/1996</b>	3a. Date of Last Report
22 City & State 23 <b>LAKELAND, FL</b>		27 City & State 28 <b>LAKELAND, FL</b>		4. FEI Number <b>59-3400559</b>	Applied For Not Applicable
24 Zip <b>33809</b>		25 Country <b>POLK</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33809</b>		30 Country <b>POLK</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>PAGE, JOHN C 1001 SO MYRTLE AVENUE STE 7 CLEARWATER FL 34616</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGE, JOHN C</b>	1.2 NAME	
STREET ADDRESS	<b>1001 SO MYRTLE AVENUE STE 7</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CLEARWATER FL 34616</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALLIE, GREG</b>	2.2 NAME	
STREET ADDRESS	<b>120 ALETA DRIVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BELLEAIR BEACH FL 33788</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)