

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087924 (2)

1. Corporation Name:

1ST CAPITAL AUTO SALES, INC.



Principal Place of Business 2864 LACONCHA DRIVE CLEARWATER FL 34622	Mailing Address 2864 LACONCHA DRIVE CLEARWATER FL 34622-2203
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3. Date Incorporated or Qualified 10/24/1986	3a. Date of Last Report
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2. Principal Place of Business 21 8101-66 ST. NO. Suite, Apt. #, etc.	2a. Mailing Address 26 8101-66 ST. NO. Suite, Apt. #, etc.
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4. FEI Number 59-3406869	Applied For Not Applicable
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22 City & State 23 PINELLAS PARK, FL	27 City & State 28 PINELLAS PARK, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24 33781 25 PINELLAS	29 33781 30 PINELLAS
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CRAMER, ROBERT R 2864 LACONCHA DRIVE CLEARWATER FL 34622

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

81 Name ROBERT R. CRAMER

10. Name and Address of New Registered Agent
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82 Street Address (P.O. Box Number is Not Acceptable) 8101-66 ST. NO.
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84 City PINELLAS PARK

85 Zip Code FL 33781

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.
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SIGNATURE ROBERT R. CRAMER, GENL. MGR.

12. OFFICERS AND DIRECTORS

DATE 2/28/97

12. OFFICERS AND DIRECTORS
TITLE D
NAME CRAMER, EMILY SUE
STREET ADDRESS 2864 LACONCHA DRIVE
CITY- ST- ZIP CLEARWATER FL 34622
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TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
6.1 TITLE 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 included 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: EMILY SUE CRAMER, PRES.	2/28/97	(813) 866-5566
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CR2E034 (9/96)