

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576835 (3)

1. Corporation Name
CORPORATE AUTO REPLACEMENT SERVICE, INC.



Principal Place of Business: P.O. BOX 27275 DENVER CO 80227
Mailing Address: P.O. BOX 27275 DENVER CO 80227

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite/Apt #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/23/1978
3a. Date of Last Report: 04/04/1995
4. FEIN Number: 84-0770079
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent

TWOROGER, KENNETH F.
2651 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETE	TITLE	NAME	DELETE
PD	ZWOLINSKI, PETER A 1049 GENESEE VISTA RD. GOLDEN CO	<input type="checkbox"/>	11 TITLE		<input type="checkbox"/>
T	BROWN, EDD 8714 W. 75TH WAY ARVADA CO	<input type="checkbox"/>	12 NAME		<input type="checkbox"/>
		<input type="checkbox"/>	13 STREET ADDRESS		<input type="checkbox"/>
		<input type="checkbox"/>	14 CITY-STATE-ZIP		<input type="checkbox"/>
		<input type="checkbox"/>	15 TITLE		<input type="checkbox"/>
		<input type="checkbox"/>	16 NAME		<input type="checkbox"/>
		<input type="checkbox"/>	17 STREET ADDRESS		<input type="checkbox"/>
		<input type="checkbox"/>	18 CITY-STATE-ZIP		<input type="checkbox"/>
		<input type="checkbox"/>	19 TITLE		<input type="checkbox"/>
		<input type="checkbox"/>	20 NAME		<input type="checkbox"/>
		<input type="checkbox"/>	21 STREET ADDRESS		<input type="checkbox"/>
		<input type="checkbox"/>	22 CITY-STATE-ZIP		<input type="checkbox"/>
		<input type="checkbox"/>	23 TITLE		<input type="checkbox"/>
		<input type="checkbox"/>	24 NAME		<input type="checkbox"/>
		<input type="checkbox"/>	25 STREET ADDRESS		<input type="checkbox"/>
		<input type="checkbox"/>	26 CITY-STATE-ZIP		<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt or stated in Section 119.07(9)(k), 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: *Edd Brown* Edd Brown

3/14/96 303-936-3473

CR2E034 (12/95)