


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90032 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005912

1. Corporation Name
CAROTRANS INTERNATIONAL, INC.



Principal Place of Business NC HWY. #150 W CHERRYVILLE NC 28021	Mailing Address P.O. BOX 10048 FORT SMITH AR 72917-0048 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1995

2. Principal Place of Business 21 13700 West 103rd St Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Lemont, IL	27 City & State 28
24 Zip 60439 25 Country US	29 Zip 30 Country

4. FEI Number 56-1867557	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A III	1.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR 72903	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, SHAUN M	2.2 NAME	Cooper, Richard F.
STREET ADDRESS	3801 OLD GREENWOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, GREG	3.2 NAME	Asst Treasurer
STREET ADDRESS	3801 OLD GREENWOOD RD	3.3 STREET ADDRESS	J. LAVON MORROW
CITY-ST-ZIP	FT SMITH AR 72903	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZE, ANDY	4.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72903	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, J L	5.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR 72903	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEFFLER, DAVID E	6.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR	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 with an address, with all other like empowered.

SIGNATURE: J. Lavon Morrow 4-13-99 501-494-6823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)