


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

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # K28328 (8)
1. Corporation Name
ECOTRAN, INC.

Principal Place of Business % ROBERT G. BENSEN 352 EDMERE WAY N. NAPLES FL 34105	Mailing Address % ROBERT G. BENSEN 352 EDMERE WAY N. NAPLES FL 34105
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34105 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34105 30 Country		3. Date Incorporated or Qualified 07/07/1988
				4. FEI Number 65-0064474 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BENSEN, ROBERT G. 352 EDMERE WAY N. NAPLES FL 34105				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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

Signature, typed or printed name of registered agent and title if applicable

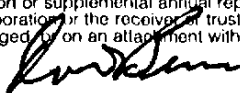
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DPT			1.1 TITLE			
NAME	BENSEN, ROBERT			1.2 NAME			
STREET ADDRESS	352 EDMERE WAY NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	VAS			2.1 TITLE			
NAME	BENSEN, JR, ROBERT G.			2.2 NAME			
STREET ADDRESS	21111 CHAGRIN BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD OH			2.4 CITY-ST-ZIP			
TITLE	VS			3.1 TITLE			
NAME	BENSEN, DWANE A.			3.2 NAME			
STREET ADDRESS	21111 CHAGRIN BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD OH			3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:



4/1/98

944-263-8510

CR2E034 (10/97)