

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90040 042 ***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 # K28328

1. Corporation Name
ECOTRAN, INC.



Principal Place of Business % ROBERT G. BENSEN 352 EDGEMERE WAY N. NAPLES FL 34105 US	Mailing Address % ROBERT G. BENSEN 352 EDGEMERE WAY N. NAPLES FL 34105 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1988

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0064474	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BENSEN, ROBERT G.
352 EDGEMERE WAY N.
NAPLES FL 34105

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	FL

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]* DATE: *2/1/99*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BENSEN, ROBERT	
STREET ADDRESS	352 EDGEMERE WAY NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BENSEN, JR, ROBERT G.	
STREET ADDRESS	21111 CHAGRIN BLVD	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BENSEN, DWAYNE A.	
STREET ADDRESS	21111 CHAGRIN BLVD	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENSEN, JR, ROBERT G.	
2.3 STREET ADDRESS	8254 DINES RD.	
2.4 CITY-ST-ZIP	NOVELTY, OH	
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BENSEN, DWAYNE A.	
3.3 STREET ADDRESS	8254 DINES RD.	
3.4 CITY-ST-ZIP	NOVELTY, OH	
4.1 TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BENSEN, LOIS M	
4.3 STREET ADDRESS	352 EDGEMERE WAY N.	
4.4 CITY-ST-ZIP	NAPLES, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* **ROBERT G. BENSEN** DATE: **3/3/98** DAYTIME PHONE #: **941-263-8510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)