

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027668 (8)
1. Corporation Name
EARTH CARE PRODUCTS OF THE MIDWEST, INC.



Principal Place of Business 2300 GLADES ROAD SUITE 440 WEST BOCA RATON FL 33431	Mailing Address 2300 GLADES ROAD SUITE 440 WEST BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 911 Tupper Lake St.		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996	
22 Suite, Apt. #, etc. P.O. Box 536		27 Suite, Apt. #, etc.		4. FEI Number 65-0661211	
23 City & State Lake Odessa, MI		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 48849		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country U.S.		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FARROW, DAVID A
2300 GLADES RD.
SUITE 440 WEST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Bruce C. Rosetto	85 Zip Code 33431
82 Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES RD.	
83 SUITE 440 W	
84 City BOCA RATON	85 State 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 Bruce C. Rosetto, Vice President and General Counsel - B.C.R. **1/14/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME FARROW, DAVID A	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2300 GLADES ROAD SUITE 440 WEST	CITY-ST-ZIP BOCA RATON FL 33431	
TITLE S	NAME IRONS, M. SCOTT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5540 SW 2 CT.	CITY-ST-ZIP PLANTATION FL	
TITLE T	NAME MARQUIS, LIONEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5420 NW 73 TERRACE	CITY-ST-ZIP LAUDERHILL FL	
TITLE P	NAME COCKRUM, ALLEN L.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2300 GLADES RD., STE. 440W	CITY-ST-ZIP BOCA RATON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MICHAEL A. Lupo	
1.3 STREET ADDRESS 2300 GLADES RD. SUITE 440W	
1.4 CITY-ST-ZIP BOCA RATON, FL 33431	
2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Bruce C. Rosetto	
2.3 STREET ADDRESS 2300 GLADES RD. SUITE 440W	
2.4 CITY-ST-ZIP BOCA RATON FL 33431	
3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MICHAEL SCHMIDT	
3.3 STREET ADDRESS 2300 GLADES RD. SUITE 440W	
3.4 CITY-ST-ZIP BOCA RATON, FL 33431	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE: Bruce C. Rosetto Secretary **1/14/98** **564384-3511**

CR2E034 (10/97)