


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002226

1. Corporation Name
1-800-RECONEX, INC.



Principal Place of Business 2500 INDUSTRIAL AVE. HUBBARD OR 97032	Mailing Address 2500 INDUSTRIAL AVE. HUBBARD OR 97032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1998	
21	22	26	27	4. FEL Number 93-1242033	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

11. Pursuant to the provisions of Sections 607.0602 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEISLAHN, TODD M		1.2 NAME				
STREET ADDRESS	2500 INDUSTRIAL AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HUBBARD OR 97032		1.4 CITY-ST-ZIP				
TITLE	VDC	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WHEELER, JAMES		2.2 NAME				
STREET ADDRESS	2500 INDUSTRIAL AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	HUBBARD OR 97032		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRANDES, JOSEPH		3.2 NAME	WILLIAM GOODMAN			
STREET ADDRESS	2500 INDUSTRIAL AVE.		3.3 STREET ADDRESS	2500 Industrial Ave			
CITY-ST-ZIP	HUBBARD OR 97032		3.4 CITY-ST-ZIP	Hubbard OR 97032			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	DC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRAUN, WILLIAM E		4.2 NAME	Dan Patterson			
STREET ADDRESS	2500 INDUSTRIAL AVE.		4.3 STREET ADDRESS	2500 Industrial			
CITY-ST-ZIP	HUBBARD OR 97032		4.4 CITY-ST-ZIP	Hubbard OR 97032			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	J.R. Holland Jr.			
STREET ADDRESS			5.3 STREET ADDRESS	2500 Industrial			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hubbard OR 97032			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Penni Meislahn			
STREET ADDRESS			6.3 STREET ADDRESS	2500 Industrial			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Hubbard OR 97032			

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: William E. Braun REQUIRED 04/01/99 503-982-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)