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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90148 036 ***150.00

| DOCUMENT # | 465279 |
|---------------------|--------|
| 1. Corporation Name | 100210 |

RECOE ENTERPRISES, INC.

| | · | Mailing Address | | | | |
|-------------------------------|-------------------------------------|--|-------------|-----------------|--|--|
| Principal Place of Business | | Mailing Address | | | | |
| P O BOX 520219 | | P O BOX 520219 | | | DO NOT WRITE IN T | HIS SDACE |
| LONGWOOD FL 32752-7219 | | LONGWOOD FL 32752-7219 | | | 3. Date Incorporated or Qualifed | AIS SPACE |
| | | | | | 11/20/1974 | |
| 2. Principal Place of Busines | SS | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 P.O. Box 5202 | 219 | 26 P.O. Box 5202 | 19 | | 59-1628444 | Not Applicab |
| Suite, Apt. #, etc. | and a support | Suite, Apt. #, etc. | | - • | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | :1_ | City & State 28 Longwood FL | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 32752 2 | Country | Zip 29 32752 30 | Countr | • | This corporation owes the current year Personal Property Tax. | r Intangible XYes □No |
| | nd Address of Current R | | , , , , | B | 10. Name and Address of New Register | ed Agent |
| | | | 8 | 1 Name | | |
| COPELAND, RICH | | | 82 | 2 Street | Address (P.O. Box Number is Not Acceptable) | |
| ALTAMONTE SPE | | | 8: | 3 | | |
| 1 | | | | | | |
| | | | 84 | | | Zîp Code |
| office or registered agen | at or both in the State of i | ind 607.1508, Florida Statutes, Florida. Such change was auth ns of, Section 607.0505, Florida | orized b | v the corpo | corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap | e of changing its registered pointment as registered |
| SIGNATURE Signature, typed or | printed name of registered agent an | nd title if applicable. (NOTE: Re | gistered Ag | ent signature r | equired when reinstating) DATE | |
| 12. | OFFICERS AND | · · · · · · · · · · · · · · · · · · · | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE PSD | | ☐ DELETE | 1.1 TITLE | | | Change Addi |
| NAME BABER, FR | == | | 1.2 NAME | | | |
| LAGA DEFAI | KNOOD IN | | | | | |

S IN 12 ☐ Addition STREET ADDRESS 393 BEECHWOOD LN. 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE BABER, AVIS B. 2.2 NAME NAME 393 BEECHWOOD LN. 2.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE. 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4.2 NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 chapted, or qn an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CR2E034 (11/98)