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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000006370 (8)

## RECO INTERNATIONAL CORP.

Mailing Address Principal Place of Business 450 HAVEN ST 160 HAVEN ST

## **FILED** Apr 13 1998 8:00am Secretary of State



PORT WASHINGTON NY 11050		PORT WASHINGTON NY 11050		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 12/06/1996		
2 Principal	Place of Business	2a. Mailing Address		-	12/00/1880 4. FEI Number		Applied For
21		26		11-2164620		Not Applicable	
Suite. Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	alo	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	7 ip Country <b>30</b>		1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
R	EICH, HEIO		81	Name			
4:	513 CHEVAL BLVD		82	82 Street Address (P.O. Box Numbor is Not Acceptable)			
U	UTZ FL 33549		83				
			84	City	FL	<b>85</b> Zip	Code
11. Persuan office or agent. I	it to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607,1508, Florida State e of Florida. Such change was gations of, Section 607,0505, f	utes, the above authorized by Torida Statutes	e-named cor the corpora s.	poration submits this statement for the purpose oution's board of directors. I hereby accept the ap	of changing pointment a	its registered s registered
SIGNATURE	Signature, typed or poeted rame of registered as	prefand for if applicable (NC	OTE Registered Age	int signature requ	Fred when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	DELETE	13 TITLE			Change	Addition
NAME	REICH, HEIO		1.2 NAME				
STREET ADDRESS			1.3 STREET	ì			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CHY- S	1 - ZIP			The same
THILE	DS	DELETE	21 THTLE	-		Change	Additio
NAME	REICH, FREDERIQUE		22 NAME				
STREET ADDRESS			2 3 STHEET				
CITY+ST-ZIP	LUTZ FL 33549	DELETE	2. 4 CITY - 3.1 TITLE	ST - ZIP		Change	Additio
TITLE		L_) bitti	3.2 NAME			Onlings	LJ riddillo
NAME STREET ADDRESS			3.3 STREET	40000100			
CITY-ST-ZIP	<b>`</b>		3.4. GITY-:				
TITLE	<del></del>	DELETE	4.1 TITLE			Change	Additio
NAME	1		4. 2 NAME			·	
STREET ADDRESS	s <b>I</b>		4.3 STREET	ADDRESS			
City-St-ZiP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE			Change	Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY - S	i1 - ZIP		<u>.</u>	
TITLE		DELETE	6.1 T(1)LE			Change	Additio
NAME			6.2 NAME				
STREET ADDRESS	3		6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	11-7IP			

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.