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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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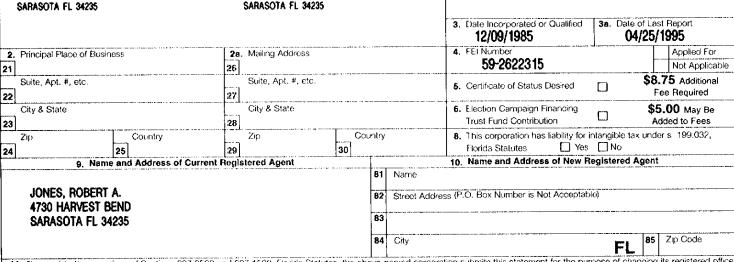
(9)

RECO CONSULTANTS, INC.

Principal Place of Business	Mail	ing Address

4730 HARVEST BEND

4730 HARVEST BEND SARASOTA FL 34235



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, typed or porited name of registered agent and t		Er Begistereri Agent signature		DATE	
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THTLE	Р	<b>X</b> ) DELETE	1 1 TITLE	President	🔀 Change 📋 Addition	
NAME	Jones, Robert A.		1.2 NAME	Jones, Frances C.		
STREET ADDRESS	4730 HARVEST BEND		1.3 STREET ADDRESS	4730 Harvest Bend		
DITY-ST-ZIP	SARASOTA FL		1.4 CITY - \$1 - ZIP	Sarasota, FL 34235		
TITLE	ST	[] DELETE	2. 1 TITLE	Secretary-Treasurer	Change <b>K</b> Addition	
NAME	JONES, FRANCES C.	,	2.2 NAME	Debora K. Fischer		
STREET ADDRESS	4730 HARVEST BEND		2.3 STREET ADDRESS	5546 Salem Drive N. Carmel, IN 46033		
CITY-ST-ZIP	SARASOTA FL		2 4 CITY - ST - ZIP	Carmel, IN 46033		
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIF			
TITLE		[] DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-7IP			5 4 CHY - ST- 7IP			
TITLE		☐ DECEME	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY OF 71D			

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: France C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

april 16 1996 941-317-4424

CR2E034 (12/95)