FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084628 (4)**

1. Corporation Name
RECKON INTERNATIONAL INC.

Principal Place of Business
817 E MAIN ST
SUITE 4C
WAUCHULA FL 33873

Mailing Address
817 E MAIN ST
SUITE 4C
WAUCHULA FL 33873

3. Date Incorporated or Qualified: **11/17/1994**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business
21 111 INGLISH WAY
22 Suite, Apt. #, etc
23 City & State: WAUCHULA, FLORIDA
24 Zip: 33873
25 Country: HARDEE

2a. Mailing Address
26 111 INGLISH WAY
27 Suite, Apt. #, etc
28 City & State: WAUCHULA, FLORIDA
29 Zip: 33873
30 Country: HARDEE

4. FEI Number: **65-0536584** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CHAUHAN, KIRANKUMAR R
817 E MAIN ST
SUITE 4C
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
81 Name: CHAUHAN, SANJIV K
82 Street Address (P.O. Box Number is Not Acceptable): 111 INGLISH WAY
83
84 City: WAUCHULA FL 85 Zip Code: 33873

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] DATE: 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CHAUHAN, KIRANKUMAR R	
STREET ADDRESS	817 E MAIN ST SUITE 4C	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	☐ DELETE
NAME	CHAUHAN, UTTAMKUMAR K	
STREET ADDRESS	817 E MAIN ST SUITE 4C	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	☐ DELETE
NAME	CHAUHAN, MANISH K	
STREET ADDRESS	817 E MAIN ST SUITE 4C	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	☐ DELETE
NAME	CHAUHAN, SANJIV K	
STREET ADDRESS	817 E MAIN ST SUITE 4C	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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: [signature] 1/30/95 (941) 773-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #