

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004993 (0)**

1. Corporation Name

**FALCON GLOBAL CORPORATION**



Principal Place of Business

Mailing Address

**837 WASHINGTON BLVD #2W  
WILLIAMSPORT PA 17701**

**837 WASHINGTON BLVD #2W  
WILLIAMSPORT PA 17701**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current 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

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**10/13/1995**

3a. Date of Last Report

4. FEI Number

**23-2638954**

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

10. Name and Address of New Registered Agent

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 printed below in block letters and all caps

(If the filer is a general agent, signature must be in block letters)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, JOHN D</b>	
STREET ADDRESS	<b>RR#1 BOX 554</b>	
CITY - ST - ZIP	<b>WILLIAMSPORT PA 17701</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, HOWARD W</b>	
STREET ADDRESS	<b>7701 SUMMERCREST DR</b>	
CITY - ST - ZIP	<b>APEX NC 27502</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>REYES, GREGORIO H</b>	
STREET ADDRESS	<b>4035 NW 34TH PL</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, PATRICIA J</b>	
STREET ADDRESS	<b>837 WASHINGTON BLVD #2W</b>	
CITY - ST - ZIP	<b>WILLIAMSPORT PA 17701</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (717)321-6220  
DATE DAYTIME PHONE #

CR2E034 (12/95)