

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004993 (0)
 1. Corporation Name
FALCON GLOBAL CORPORATION



Principal Place of Business 837 WASHINGTON BLVD #2W WILLIAMSPORT PA 17701	Mailing Address 837 WASHINGTON BLVD #2W WILLIAMSPORT PA 17701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Farm Employ RR # 51 Box 220-64-I	2a. Mailing Address 26 P.O. Box 311
City & State 23 MONTICELLO, PA	City & State 28 MONTICELLO, PA
Zip 24 17754	Zip 29 17754
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 10/13/1995	
4. FEI Number 23-2638954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NORTON, JOHN D	
STREET ADDRESS	RR#1 BOX 554	
CITY - ST - ZIP	WILLIAMSPORT PA 17701	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALLEN, HOWARD W	
STREET ADDRESS	7701 SUMMERCREST DR	
CITY - ST - ZIP	APEX NC 27502	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REYES, GREGORIO H	
STREET ADDRESS	4035 NW 34TH PL	
CITY - ST - ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NORTON, PATRICIA J	
STREET ADDRESS	837 WASHINGTON BLVD #2W	
CITY - ST - ZIP	WILLIAMSPORT PA 17701	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FONTANA, GERALD	
STREET ADDRESS	GREENSBORO STAR RTE.	
CITY - ST - ZIP	WAYNESBORO PA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DV
5.3 STREET ADDRESS	FON TANA, GERALD
5.4 CITY - ST - ZIP	115 FORDYCE RD WAYNESBORO PA 17370
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 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.

SIGNATURE _____ DATE _____

CR2E034 (10/97)