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**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90029 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004993**

1. Corporation Name  
**FALCON GLOBAL CORPORATION**



Principal Place of Business FARM COMPLEX RR #5 BOX 220 64 I MONTOURSVILLE PA 17754 US	Mailing Address P O BOX 311 MONTOURSVILLE PA 17754 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>55 Pierce Lane #204</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	22 City & State <b>Montoursville PA</b>	28 City & State	24 Zip <b>17754</b>	25 Country <b>USA</b>	29 Zip	30 Country
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3. Date Incorporated or Qualified <b>10/13/1995</b>	4. FEI Number <b>23-2638954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 32606	
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	115 FOROYCE RD	
CITY-ST-ZIP	WAYNESBURG PA 15370	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4531 Northway Rd</b>
1.4 CITY-ST-ZIP	<b>Williamsport, PA 17701</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>4531 Northway Rd</b>
4.4 CITY-ST-ZIP	<b>Williamsport, PA 17701</b>
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 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, with all other like empowered.

SIGNATURE: John D. Norton Date: 4/1/99 (570) 368-5734

CR2E034 (1/98)