

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077745 (5)**

1. Corporation Name
FALCON CAPITAL INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~230 N ELM ST, 1600~~
~~RENAISSANCE PLZ 16TH FL~~
~~GREENSBORO NC 27401~~
230 N ELM ST, 1600
RENAISSANCE PLZ 16TH FL
GREENSBORO NC 27401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **5509 A West Friendly Ave** 2a **5509 A West Friendly Ave**
State, Apt #, etc. State, Apt #, etc.
22 **101** 27 **101**
City & State City & State
23 **Greensboro** 28 **Greensboro**
Zip County Zip County
24 **27410** 25 **US** 29 **27410** 30 **US**

4. FEI Number **56-1915793** 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 G37, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CASS, NANCY J
~~703 SWANN AVE~~ **324 Hyde Park Ave**
TAMPA FL 33606
Suite 375

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (B)(c) and 607 (B)(9) 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, Sections 607 (B)(c) Florida Statutes.

SIGNATURE: *Nancy J. Cass* **Nancy J. Cass** **March 23, 1995**

12. OFFICERS AND DIRECTORS
OFFICE: **D**
NAME: **MELTON, MARSHALL E**
STREET ADDRESS: **230 N ELM ST, 1600**
CITY, ST, ZIP: **GREENSBORO NC 27401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 OFFICE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS: **5509 A West Friendly Ave**
1.4 CITY, ST, ZIP: **Greensboro NC 27410 Suite 101**
2.1 OFFICE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:
3.1 OFFICE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:
4.1 OFFICE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:
5.1 OFFICE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:
6.1 OFFICE: Change 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 199 (3)(g), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Marshall E. Melton*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Marshall E. Melton

4/28/95 (910)855-8222