


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

FILED
Jul 16 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 # 621420
 1. Corporation Name
FALCON -315, INC.

Principal Place of Business P. O. BOX 6701 ORLANDO, FL 32853	Mailing Address P. O. BOX 6701 ORLANDO, FL 32853
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/14/79

2. Principal Place of Business 21 1000 E. Robinson Street Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 6701 Suite, Apt. #, etc.
22 City & State 23 Orlando, FL 32803 Zip Country 24 32803 25 US	27 City & State 28 Orlando, FL 32853 Zip Country 29 32853 30 US

4. FEI Number 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Robert D. Korner
1000 Robinson Street
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name
Jack F. Durie, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
1000 E. Robinson Street

83

84 City
Orlando

85 Zip Code
FL 32803

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 _____
Signature typed or printed name of registered agent and title applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURIE, JOAN C. 1000 ROBINSON ST ORLANDO, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KORNER, ROBERT D 1000 ROBINSON ST ORLANDO, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PSTD DURIE, JR., JACK F. 1000 E. ROBINSON ST ORLANDO, FL 32803
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 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: *[Signature]* (407) 841-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack F. Durie, Jr., President

CR2E034 (10/97)