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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90087 025 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000003270

1. Corporation Name
FALCON MAINTENANCE CORPORATION



Principal Place of Business % CHOPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY #200 PALM BEACH FL 33480	Mailing Address % CHOPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY #200 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 440 Royal Palm Way Suite, Apt. #, etc. 22 Suite 200 City & State 23 Palm Beach, FL Zip 24 33480	2a. Mailing Address 26 440 Royal Palm Way Suite, Apt. #, etc. 27 Suite 200 City & State 28 Palm Beach, FL Zip 29 33480	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 01/10/1996	Applied For Not Applicable
4. FEI Number 65-0633774	
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CHOPIN, FRANK L
440 ROYAL PALM WAY, #200
PALM BEACH FL 33480

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 607.0502 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	PTD	<input type="checkbox"/> DELETE
NAME	KAVANAUGH, EDWARD	
STREET ADDRESS	LATONA ASS., INC., LIBERTY LANE	
CITY-ST-ZIP	HAMPTON NH 03842	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BLETZER, JOHN	
STREET ADDRESS	LATONA ASS., INC., LIBERTY LANE	
CITY-ST-ZIP	HAMPTON NH 03842	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	CHOPIN, L F	
STREET ADDRESS	440 ROYAL PALM WAY, SUITE 200	
CITY-ST-ZIP	PALM BEACH FL 33480	
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	

CR2E034 (1/198)

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: *Frank L Chopin*

Date: **2/16/99** Daytime Phone # _____