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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:)



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 599281

(3)

FALCON ERECTION SERVICES, INC.

Principal Place of Business Mailing Address 4300 SW 59TH AVE. 4300 SW 59TH AVE. FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314-3811 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1979 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1877161 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 25 29 Yes 🔲 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MCDONOUGH, FRANCIS 4300 SW 59TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33314 83 Zip Code 11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am faraman with, 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 faraman with, a state of the submit of RAYCIS MUDANOUGH FRES

what and little if anolicable. (NOTE: Rugistered Agent signature required when reinstating) SIGNAT 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEE ☐ DELETE Change 1.1 TITLE Addition MCDONOUGH, FRANCIS NAME 1.2 NAME 4300 SW 59TH AVE. STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIE 1.4 CITY-ST-ZIP DELETE THILE 21 TITLE Change \_\_\_ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS C(1Y-S1-20) 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY- ST. ZIE 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change THLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

14. I do 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

1000004 PRES 4/2/97 954.583.8353

**FILED** 

Apr 11 1997 8:00am

Secretary of State