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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90027 048 \*\*\*150.00

## DOCUMENT # F9200000539

FALCON FINANCIAL CORP

	THE PERSON NAMED IN THE PE			
Principal Place of Business	≀ Mailing Address * * *			
2250 MCGILCHRIST ST., SE	P. O. BOX 12188			
STE. 410	SALEM OR 97309			
SALEM OR 97302	US <sub>.</sub>		2. Data lacomented or Qualified	THIS SPACE
US			3. Date Incorporated or Qualifed	;
No. 10	D. Mailian Address		12/07/1992 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address		1 -	Applied For Not Applicable
Suite Ant # oto	Suite, Apt. #, etc.		93-1097475	\$8.75 Additional
Suite, Apt. #, etc.	<del> </del> -1		5. Certifcate of Status Desired .	Fee Required
City & State	City & State		O. Flastica Compains Financia	
Q-22.6%	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current ye	
	29	30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curre		130[	10. Name and Address of New Regist	
9. Name and Audress of Content registered Agent			101	
C.T. CORPORATION SYSTEM	a war isan con an our ye			
1200 WOUTH PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83	1. 唐罗·福克·福克·福克·福克·克克·克克·克克·克克·克克·克克·克克·克克·克克·	2801 1280 1782 2182 1182 21 140
	·	84 City	ப் காள்ளாக செயி சுழுவரிர் 25ஆம் இது 156 ஆம் 156	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1509 Elorida Statut	toe the above-named	comparation submits this statement for the purpo	
in the State	of Florida. Such change was a	authorized by the corp	oration's board of directors. I hereby accept the	appointment as registered
SA ragent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.		
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SIGNATURE	and sittle if analisable (NOTE	- Dogistared Agent eigneture r	required when reinstating) ( 2 1 2 1 7 1	re
Signature, typed or printed name of registered age			ADDITIONS/CHANGES TO OFFICER	
Signature, typed or printed name of registered age  12. OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS  DELETE	: Registered Agent signature r	ADDITIONS/CHANGES TO OFFICER	
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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 fanual 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 attachment with an address, with all other like empowered.

**SIGNATURE** 

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.7-99 503 370 7071 × 7209

Daytime Phone

CR2E034 (11/9