

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90152 032 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # G46638**

1. Corporation Name  
**FALCON FLYERS, INC.**



Principal Place of Business Mailing Address  
**945 29TH COURT 945 29TH COURT**  
**VERO BEACH FL 32960 VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc 26 Suite, Apt #, etc  
 22 City & State 27 City & State  
 23 Zip Country 29 Zip Country  
 24 25 28 30

3. Date Incorporated or Qualified  
**06/29/1983**  
 4. FEI Number Applied For  
**59-2386380** 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 the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent  
**CLEM, JEFFREY**  
**11491 ANHINGA DR**  
**WELLINGTON FL 33414**

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

12. OFFICERS AND DIRECTORS  
 TITLE  DELETE  
 NAME PD  
 STREET ADDRESS CUTRIGHT, D  
 CITY-ST-ZIP 6365 45TH ST VERO BEACH FL

TITLE  DELETE  
 NAME VD  
 STREET ADDRESS CLEM, JEFFREY  
 CITY-ST-ZIP 11491 ANHINGA DR WELLINGTON FL

TITLE  DELETE  
 NAME STD  
 STREET ADDRESS RAUSCH, ROBERT R.  
 CITY-ST-ZIP 945 29TH CT. VERO BEACH FL

TITLE  DELETE  
 NAME D  
 STREET ADDRESS CRIFE, MARCUS  
 CITY-ST-ZIP 4200 60TH COURT VERO BEACH FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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, with all other like empowered.

SIGNATURE: Robert R. Rausch - ROBERT R. RAUSCH, 3-15-99 (561) 569-0771  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)