FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L26910 (4)

1. Corporation Name

FALCON TWO, INC.

Principal Place of Business	Mailing Address
C/O PETER J. MUNSON 1701 SOUTH FLORIDA AVENUE LAKELAND FL 33803	C/O PETER J. MUNSON 1701 SOUTH FLORIDA AVENUE LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-2973231 [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

MUNSON, PETER J.
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

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

12. OFFICERS AND DIRECTORS

Field	
TITLE	PD
NAME	FLETCHER, RALPH L.
STREET ADDRESS	4304 S. FLORIDA AVE.
CITY-ST-ZIP	LAKELAND FL
TITLE	DVS
NAME	MUNSON, PETER J.
STREET ADDRESS	1701 S. FLORIDA AVE.
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	MUNSON, PETER J
STREET ADDRESS	1701 S FLORIDA AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank; each block: [ ] Change [ ] Addition — TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Peter J. Munson President 4/28/95 813-688-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER J. MUNSON, PRESIDENT

0013224 CP