FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

2. Principal Place of Business
21 100 EAST MAIN STREET
22 Suite, Apt. #, etc.
23 City & State: LAKELAND FL
24 Zip: 33802 25 Country: U.S.A.

2a. Mailing Address
26 P.O. BOX 24625
27 Suite, Apt. #, etc.
28 City & State: LAKELAND, FL
29 Zip: 33802 30 Country: U.S.A.

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 05/01/1995
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 ☐ No

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): 100 EAST MAIN STREET
83
84 City: LAKELAND FL 85 Zip Code: 33802

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] PETER J. MUNSON DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: FLETCHER, RALPH L. STREET ADDRESS: 4304 S. FLORIDA AVE. CITY-ST-ZIP: LAKELAND FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DVS NAME: MUNSON, PETER J. STREET ADDRESS: 1701 S. FLORIDA AVE. CITY-ST-ZIP: LAKELAND FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 100 EAST MAIN STREET 2.4 CITY-ST-ZIP: LAKELAND, FL 33802 ☒ Change ☐ Addition
TITLE: T NAME: MUNSON, PETER J STREET ADDRESS: 1701 S FLORIDA AVE CITY-ST-ZIP: LAKELAND FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS: 100 EAST MAIN STREET 3.4 CITY-ST-ZIP: LAKELAND, FL 33802 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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(3)(k), 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: [signature] PRESIDENT 4/30/96 (941) 683-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PETER J. MUNSON; Date; Daytime Phone #

CR2E034 (12/95)