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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16414

FALCON HOLDING GROUP, INC.

(5)

Principal Place of Business

Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



Timolphy Flace of Edulinose								
474 S RAYMOND AVE #200 PASADENA CA 91105-2636		474 S RAYMOND AVE #200 PASADENA CA 91105-2636						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						10/19/1987		
2. Principal P	Place of Business	2a. Maili	ng Address			4. FEI Number		Applied For
21		26				95-4072160		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	te	City o	& State			6. Election Campaign Financing	\$5.0	00 May Be
23		[28]				Trust Fund Contribution		led to Fees
Zip	Country	Ziρ		Countr	у	8. This corporation owes or has paid the cu	ırrent year	r Intangible
24	25	29		30			Yes	No
	g. Name and Address of Curren	t Registered	Agent		· ·	10. Name and Address of New Registered	Agent	
	CORPORATION SYSTEM			81	Name			
	00 <b>S. PINE ISLAND</b> ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)		
PL	ANTATION FL 33324			"				
				83				
i				84	City		lee :	Zin Code
				84	City	FL	_ <b> 85</b>   2	Zip Code
11. Pursuant	to the provisions of Sections 607 0500	2 and 607.150	08. Florida Stat	utes, the abov	e-named n	corporation submits this statement for the purpose of	of changin	a its registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Su	ch change wa:	s authorized b	v the corpo	oration's board of directors. I hereby accept the ap	pointment	. as registered
	am raminar with, and accept the obliga	ilions or, Sect	, euco. vua nai	riorida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agen	of and title if annive	able (N	OII : Hegistered Ar	ent signature re	required when reinstating) DATE		
12.	OFFICERS AND			13,		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	IORS IN 12
TITLE	P		DELETE	1.1 TITLE		ABSTRONO DI PRIVADE TO OTT TOCHO ALL	Chang	
NAME	INTISO, FRANK J			1.2 NAME				
	10900 WILSHIRE BLVD, #1500	0			LADDDIGG			
STREET ADORESS	LOS ANGELES CA 90024	-			T ADDRESS			
CITY-ST-ZIP TITLE	V		DELETE	1.4 CITY - 2.1 TITLE	SI · ZIP		Chang	ge Addition
	JOHNSON, JOE		- Dettit				TT CHAIR	No C MODION
NAME	10900 WILSHIRE BLVD., #150	'n		2.2 NAME				
STREET ADDRESS		N .		1	T ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90024		TT beleve	2 4 CITY	ST - ZIP		<del></del>	
TITLE	MENEGEV MOULE V		DELETE	3 1 TITLE			Chang	ge 🔲 Addition
NAME	MENEREY, MICHAEL K.			3.2 NAME				
STREET ADDRESS	474 S RAYMOND AVE., #200			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	PASADENA CA			3.4. CITY-	ST-ZIP			
TITLE	U		DELETE	4.1 TITLE	$  \top$		Chang	ge Addition
NAME	ITSKOWITCH, STANLEY			4. 2 NAME				
STREET ADDRESS	1 <b>090</b> 0 WILSHIRE BLVD., #150	0		4 3 STREE	ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			4.4 CiTY-				
TITLE			DELFTE	5.1 TITLE			Chang	ge Addition
NAME				5.2 NAME				**
STREET ADDRESS				4	ADORESS			
CITY-ST-ZIP TITLE	<del></del>		DELETE	5.4 CITY - : 6 1 TITLE	si-ZR		Chang	ge
					l		C Chali	, LI AGGIIOII
NAME				6.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				6.4 CITY -	ST - 71P			

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.

116198 (626)79