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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P27021 (5)

1. Corporation Name
ROBERT FALLONE, INC.

Principal Place of Business
70 QUAIL LANE
ROCHESTER NY 14624
US

Mailing Address
70 QUAIL LANE
ROCHESTER NY 14624-1063
US



3. Date Incorporated or Qualified 11/21/1989
3a. Date of Last Report 03/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 16-0959474		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A.
149-F SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: N/A (NOTE: Registered Agent's signature required when reinstating) DATE: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLONE, ROBERT	1.2 NAME	
STREET ADDRESS	70 QUAIL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	1.4 CITY - ST - ZIP	14624
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLONE, HONORE	2.2 NAME	
STREET ADDRESS	70 QUAIL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	2.4 CITY - ST - ZIP	14624
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLONE, JOSEPH	3.2 NAME	
STREET ADDRESS	55 FOREST MEADOW TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	3.4 CITY - ST - ZIP	14624
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLONE, GRACE	4.2 NAME	
STREET ADDRESS	70 QUAIL LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	4.4 CITY - ST - ZIP	14624
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: X Robert Fallone 1/28/97 716-594-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)