

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:22

DOCUMENT # P93000067569 (2)

1. Corporation Name

FALLS INVESTMENT CORP.

Principal Place of Business

Mailing Address

**632 SOUTH STATE RD. 7
MARGATE FL 33068**

**632 SOUTH STATE RD. 7
MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

APPLIED FOR 65-0582757

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

10. Name and Address of New Registered Agent

**STEWART, DENNIS ESQ.
630 S STATE RD 7
MARGATE FL 33068**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WATERS, RICHARD W
STREET ADDRESS	6190 NW 11 ST
CITY ST ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	8751 W. Broward Blvd. Suite 500
14 CITY ST ZIP	Plantation, Florida 33324
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 or both of this report or an attachment with an address.

SIGNATURE:

Richard W. Waters

3/6/95

(305)370-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone Number)