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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047792

1. Corporation Name

FALCON FINANCIAL GROUP, INC.

Principal Place of Business			
19190 FOX	LANDING	DRIVE	

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90134 048 ***150.00



Principal Place of Business 19190 FOX LANDING DRIVE BOCA RATON FL 33434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/31/1996 2. Principal Place of Business 2a. Mailing Address 2f NOT APPLICABLE Suite, Apt. #, etc. City & State City & State Mailing Address 19190 FOX LANDING DRIVE BOCA RATON FL 33434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/31/1996 4. FEI Number NOT APPLICABLE Not Applied F NOT APPLICABLE Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required			
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Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & Cit	or		
5. Certificate of Status Desired Fee Required	cable		
City & State Compaign Financing \$5.00 May 5			
	e		
City & State 6. Election Campaign Financing 73.00 May 8 23 Trust Fund Contribution Added to Fee			
Zip Country Zip Country 8. This corporation owes the current year Intangible			
24 25 29 30 Personal Property Tax. Yes No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
81 Name			
BERTOGLIO, JACK	DO CO I A LL VICTO DO NATIONAL DE MANAGEMENTO		
19190 FOX LANDING DRIVE 82 Street Address (P.O. Box number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33434			
84 City 85 Zip Code			
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 regist 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.	ered d		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	_		
Signature, typed or printed name or registered agent and title in appropriate. [NOTE Inspiration of Community]	12		
	Addition		
The DP1			
NAME BERTOGLIO, JACK 12 NAME			
STREET ADDRESS 19190 FOX LANDING DRIVE 1.3 STREET ADDRESS 1.3 STREET ADDRESS			

BOCA RATON FL 33434 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE BERTOGLIO, SANDRA E 2.2 NAME NAME 19190 FOX LANDING DRIVE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE DELETE 3.1 TITLE HILL. LUTION B 3.2 NAME NAME 5692-B FOX HOLLOW DR. 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 supplierenal 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 ryceiver or trusted empowered to escute 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 with another like empowered.

SIGNATURE: X

CR2E034 (11/98)