

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA6000065214**

1. Corporation Name

**FALCON CONSTRUCTION CORP.**

Principal Place of Business

**13501 SW 128<sup>th</sup> ST  
Suite 116  
MIAMI, FL 33186**

Mailing Address

**13501 SW 128<sup>th</sup> ST  
Suite 116  
MIAMI, FL 33186**

**FILED**  
**99 JUL 13 PM 2:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 <b>13501 SW 128<sup>th</sup> ST</b>	26 <b>13501 SW 128<sup>th</sup> ST</b>	<b>8/8/96</b>	<b>65-0689727</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 <b>116</b>	27	6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
City & State	City & State	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23 <b>MIAMI FL</b>	28			
Zip	Country			
24 <b>33186</b>	25 <b>MIAMI - DAGE</b>			
29	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ED FREEMAN**  
**901 GROVELAND HILLS DRIVE.**  
**TALLAHASSEE, FL 32311**

81 Name	<b>WENDALL MARSHALL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>13501 SW 128<sup>th</sup> ST</b>
83	<b>Suite 116</b>
84 City	<b>MIAMI</b>
85 Zip Code	<b>33186</b>

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

**Wendall Marshall**

**PRESIDENT**

**6/22/99**

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	<b>CHAIRMAN.</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED FREEMAN</b>	1.2 NAME	<b>ED FREEMAN</b>
STREET ADDRESS	<b>901 GROVELAND HILLS DRIVE</b>	1.3 STREET ADDRESS	<b>901 GROVELAND HILLS DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V. PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMI FADIORA</b>	2.2 NAME	<b>TIMMI FADIORA</b>
STREET ADDRESS	<b>1732 HIBISUS AVE.</b>	2.3 STREET ADDRESS	<b>1732 HIBISUS RD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
TITLE	<b>V. PRESIDENT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENISE ASCENCIO</b>	3.2 NAME	
STREET ADDRESS	<b>10640 SW 138 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PRESIDENT / CEO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENDALL MARSHALL</b>	4.2 NAME	
STREET ADDRESS	<b>1224 W. 3RD ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BCH, FL 33404</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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**-07/14/99--01002--021**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**T. LEWIS JUL 13 1999**

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, with all other like empowered.

SIGNATURE: **Wendall Marshall** **PRESIDENT / CEO** **6/22/99** **(351) 971-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)