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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000047306**

1. Corporation Name
THE FALCON METALS GROUP, INC.

Principal Place of Business	Mailing Address
4025 CAPE COLE BLVD. PUNTA GORDA FL 33955	4025 CAPE COLE BLVD PUNTA GORDA FL 33955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1997

4. FEI Number
65-0760324
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Electronic Filing Requested [ ] **$5.00** May Be Additional Fee

8. Does the corporation owe the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 4025 CAPE COLE BLVD	26 4025 CAPE COLE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PUNTA GORDA, FL	City & State 28 PUNTA GORDA, FL
Zip 24 33955 Country 25 USA	Zip 29 33955 Country 30 USA

9. Name and Address of Current Registered Agent

HEINOWITZ, MILTON
4025 CAPE COLE BLVD.
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

14. 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 date. Required for application. Date

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	HEINOWITZ, MILTON	
STREET ADDRESS	4025 CAPE COLE BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

[ ] Change [ ] Add

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-05/03/99--01006--009
****150.00 ****150.00

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

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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: MILTON HEINOWITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99
Date

941-505-2147
Daytime Telephone

CR2E034 (1/98)