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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063673 (2)

FALCOR INVESTMENTS, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					r somstander ein linter that i matt galit galit g	#116 <b>##</b> 11 <b># #11##</b> ([]]	<b>u</b> dreft 1 <b>4000</b> (1)  1 <b>00</b>
406 BLACK O	IAK LANE ACH FL 32174	406 BLACK OAK LANE ORMOND BEACH FL 321	74				
Orimote Del	1011 12 021/14	ORMONO BEACH FL 32174			DO NOT WRITE, IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 07/22/1997</li> </ol>		
	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26		59-3474848		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$	8.75 Additional	
City & State		[27]		Fee Required		Fee Required	
·	8	City & State		6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country		Trust Fund Contribution Added to Fees			
24	<b>¬</b>		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g, Name and Address of Current		1991		10. Name and Address of New R		
CR	OOKSTON, CLAIR D		8	Name		<del></del>	
	BLACK OAK LANE			Ctroot Add	dress (P.O. Box Number is Not Accepta	L12X	
OR	MOND BEACH FL 32174	82 Street Ad 83		SHEEL ACC	idress (F.O. Box Normber is Not Acceptable)		
				3			
			84	City			Zip Code
				1		FL 85	1
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered acont, or both, in the State o	and 607.1508, Florida Statute of Florida, Such change was a	os, the abov	e-named cor	poration submits this statement for the	purpose of chai	nging its registered
agent. I a	m fampler with, and accomt the obligat				tion's board of directors. Thereby acce		ichi as registereu
SIGNATURE	Signature, typed or printed name of registered agent	WW CLAIR	D CA	COOKSTON	V PRESIDENT	1/6/98	
12.	OFFICERS AND		13.	tour signature requ	ADDITIONS/CHANGES 10 OFFI	CERS AND DIR	ECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTT		Change Addition
NAME	CROOKSTON, CLAIR D		1.2 NAME				
STREET ADDRESS	406 BLACK OAK LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CiTY -	S1-2IP			
TITLE	D	DITTE	2 t TITLE				Change Addition
NAME	CROOKSTON, LADELL P		2.2 NAME				
STREET ADDRESS	406 BLACK OAK LANE		2.3 STHELT ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.4 CHY-	S1 - ZIP			
TITLE		☐ DEFETE	3 1 TIT(E				Change
NAME			3.2 NAME				
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CITY-ST-ZIP		DELFTE	3.4 CITY-	S1-ZIP	····		
TITLE						[] (	Change L. Addition
NAME OTREET ADDRESS			4. 2 NAMI				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE	St - 712			thorage Addition
NAME			5.2 NAM			L	thange L Addition
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP							
TITLE		DELETE	5.4 CITY - 5 6.1 THUE	21-211		T ñ	hange Addition
NAME		Senso of 100 to 100 to	6.2 NAME	]			amake [1] Middlifott
STREET ADDRESS				ADORESS			
CITY-ST-ZIP			64 CHY-5	i			
	ertify that the information supplied with	this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes. I	further certify the	nat 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.