

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90232 013 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000061253 ✓

1. Corporation Name
Falcon Golf Management, Inc.

537395 - 90232 - 13

Principal Place of Business Mailing Address
~~415 Leonard Blvd.~~ ~~415 Leonard Blvd.~~
~~Lehigh Acres, FL 33971~~ ~~Lehigh Acres, FL 33971~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/98

2. Principal Place of Business 2a. Mailing Address
21 350 Homestead South 26 350 Homestead South
Suite, Apt #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 Lehigh Acres, FL 28 Lehigh Acres, FL
Zip Country Zip Country
24 33936 25 US 29 33936 30 US

4. FEI Number 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Caroy F. Butler~~
~~Humphrey & Knott, P.A.~~
~~1625 Hendry Street, Suite 301~~
~~Fort Myers, FL 33901 US~~

81 Name
George Hedlund
82 Street Address (P.O. Box Number is Not Acceptable)
350 Homestead South
83
84 City
Lehigh Acres FL 85 Zip Code
33936

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 *George Hedlund*

4-26-99

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 D DELETE
NAME Hedlund, George
STREET ADDRESS 415 Leonard Blvd.
CITY-ST-ZIP Lehigh Acres, FL 33971
TITLE ~~D~~ DELETE
NAME ~~Vale, Sonny~~
STREET ADDRESS ~~415 Leonard Blvd.~~
CITY-ST-ZIP ~~Lehigh Acres, FL 33971~~
TITLE ~~D~~ DELETE
NAME ~~Gonzalez, Julio~~
STREET ADDRESS ~~415 Leonard Blvd.~~
CITY-ST-ZIP ~~Lehigh Acres, FL 33971~~
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D Change Addition
1.2 NAME Hedlund, George
1.3 STREET ADDRESS 350 Homestead South
1.4 CITY-ST-ZIP Lehigh Acres, FL 33936
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *George Hedlund*

4-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Case File No.