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 #

(8)

FALLCO & COMPANY, INCORPORATED

FILED

Mar 11 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				t sentemen ein ordan seine diene midte dem diene di	9 11 81817 81911 818)((E1E() (GB)	
2575 U.S. 1 SOUTH 8T. AUGUSTINE FL 32086	2575 U.S. 1 SOUTH ST. AUGUSTINE FL 320	2575 U.S. 1 SOUTH ST. AUGUSTINE FL 32086			DO NOT WRITE IN TH	0.004.05	
					3. Date Incorporated or Qualified	S SPACE	
					04/25/1991		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	I IA	pplied For
21	26				59-3067293		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22	27				5. Certificate of Status Desired	Fee R	equired
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Cour	itry		8. This corporation owes or has paid the o		
24 25 25 P. Name and Address of Cu	[29]	30			Personal Property Tax due June 30.		_l No
	rrent Registered Agent		81 N	ame	10. Name and Address of New Registers	a Agent	-
FAIR, PHILIP			"	ante			
2575 U.S. 1 SOUTH			82 S	treet Addres	Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32086			B3				
		[B4 C	ity	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607	0502 and 607.1508, Florida Statu	tes, the ab	ove-na	amed corpor	ation submits this statement for the purpose	of changing i	ts registered
office or registered agent, or both, in the S	tate of Florida, Such change was	authorized	by the	e corporation	i's board of directors. I hereby accept the a	pointment as	registered
_	bligations of, Section 607.0505, in	ionua stato	1165.				
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable (NO	1E Registered	Agent sig	gnature required	when reinstating) DATE		
12. OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE D	☐ DELETE	1.1 TITL	.E			Change	☐ Addition
NAME FAIR, PHILIP	70 PHOENIXIA BLVD ST. AUGUSTINE FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
							}
CITY-ST-ZIP ST. AUGUSTINE FL							
TITLE D	⚠ DELETE	2.1 TITU	E	D	D		X Addition
	367 FORTUNA AVE. 23				batini, Lawrence		
					25 Commodores Club Blvd		•
CITY-ST-ZIP ST. AUGUSTINE FL			Y-ST-Z	P St	Augustine, Fl 32084		
TITLE	☐ DELETE	3.1 TITL				Change	Addition
NAME		3.2 NAN					
STREET ADDRESS			EET ADD				
CITY-ST-ZIP	DELETE		Y - ST - ZI	P		1 05	4.400
TITLE	☐ DELETE	4.1 TITL				L Change	Addition
NAME		4. 2 NAI					ļ
STREET ADDRESS			EET ADDI				1
CITY-ST-ZIP	DELETE		'-ST-ZIF	<u> </u>		Change	Addition
TITLE		5.1 TITE 5.2 NAM				TT OWNER	- Montion
NAME OTBEET ANDBESS		5.2 NAN		nree			
STREET ADDRESS			EET ADDR	1			
CITY-ST-ZIP TITLE	DELETE	5.4 CITY 6.1 TITL	'-ST-Z∦F F	<u>'</u>		Change	Addition
						rm olialiñs	T VOCUUM
NAME CTREET ADDRESS		6.2 NAN		200			
STREET ADDRESS		1	EET ADD				
CITY-ST-ZIP		■ 6.4 CITY	- ST - ZIP	<i>'</i>			

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 chapter 607, or on an other corporation with an address.