

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 10:36

DOCUMENT # S59012

(2)

1. Corporation Name

FALCON REALTY, INC.

Principal Place of Business

334 RIVERSIDE DRIVE
LONDON ONTARIO CANADA N6H1E9

Mailing Address

334 RIVERSIDE DRIVE
LONDON ONTARIO CANADA N6H1E9

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1991

3a. Date of Last Report

04/11/1994

4. FEI Number

59-3075905

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

GODDARD, FRANK W.
2959 FIRST AVE NORTH
ST PETERSBURG FL 33713

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renataing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
NORGAARD, OLE
1143 RIVERSIDE DR
LONDON, ONTARIO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
BURNS, CATHERINE A.
1143 RIVERSIDE DR
LONDON, ONTARIO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PTD
Norgaard, Ole
334 RIVERSIDE DRIVE
LONDON ONTARIO CANADA N6H1E9

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VSD
BURNS, CATHERINE A.
334 RIVERSIDE DRIVE
LONDON ONTARIO CANADA N6H1E9

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP

☐ Change ☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

☐ Change ☐ Addition

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20/95 (519) 657-6911
January 20/95 (519) 657-6911
6482677 IN