

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 JAN 10 AM 11:30

DOCUMENT # 618962 (5)

1. Corporation Name
FLOKEN ASSOCIATES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**8457 GRANADA BLVD.
ORLANDO FL 32836-5473** **8457 GRANADA BLVD.
ORLANDO FL 32836-5473**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1978	3a. Date of Last Report 02/03/1994
4. FEI Number 59-1927798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc 22 City & State 23 Zip	2a. Mailing Address 26 State, Apt. #, etc 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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9. Name and Address of Current Registered Agent KENNEDY, JOHN J 8457 GRANADA BLVD. ORLANDO FL 32836		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		
83		84 City		
		85 Zip Code		FL

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 of registered agent and the filer) _____ (Registered Agent signature required after membership) _____ (Filer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BLOMFIELD, ALEXIS E 5701 JADE DRIVE TROY MI	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVS	KENNEDY, MARIE V 8457 GRANADA BLVD. ORLANDO FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	KENNEDY, DENNIS G. 492 TIMBERLEA DR #108 ROCHESTER HILLS MI	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PTD	KENNEDY, JOHN J 8457 GRANADA BLVD. ORLANDO FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	KENNEDY, SAM J 4520 CLUBVIEW DR. ADRIAN MI	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	KENNEDY, TIMOTHY R 3012 FALMOUTH DR. CHESAPEAKE VA	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Director Kennedy, Timothy R. 11 Glenkirk Drive Charlottesville, VA 22904

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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: *John J. Kennedy* **John J. Kennedy, President** **January 5, 1995** **407 876 5475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)