

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED

**Aug 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 618962 (5)

1. Corporation Name
FLOKEN ASSOCIATES, INC.



Principal Place of Business 8457 GRANADA BLVD. ORLANDO FL 32836-5473	Mailing Address 8457 GRANADA BLVD. ORLANDO FL 32836-5473
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 923-12 Lexington Pkwy	2a. Mailing Address 26 923-12 Lexington Pkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Apopka, Florida	City & State 28 Apopka, Florida
Zip 24 32712-2659	Country 25 Orange
Country 29 32712-2659	Country 30 Orange

3. Date Incorporated or Qualified 04/27/1979	3a. Date of Last Report 01/23/1996
4. FEI Number 59-1927798	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KENNEDY, JOHN J
8457 GRANADA BLVD.
ORLANDO FL 32838**

10. Name and Address of New Registered Agent

81 Name John J. Kennedy
82 Street Address (P.O. Box Number is Not Acceptable) 923-12 Lexington Parkway
83
84 City Apopka
85 Zip Code FL 32712-2659

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 *John J. Kennedy* 7-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME BLOMFIELD, ALEXIS E	
STREET ADDRESS 5701 JADE DRIVE	
CITY-ST-ZIP TROY MI	
TITLE DVS	<input type="checkbox"/> DELETE
NAME KENNEDY, MARIE V	
STREET ADDRESS 8457 GRANADA BLVD.	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KENNEDY, DENNIS G.	
STREET ADDRESS 1060 DREON	
CITY-ST-ZIP CLAWSON MI	
TITLE PTD	<input type="checkbox"/> DELETE
NAME KENNEDY, JOHN J	
STREET ADDRESS 8457 GRANADA BLVD.	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KENNEDY, SAM J	
STREET ADDRESS 4520 CLUBVIEW DR.	
CITY-ST-ZIP ADRIAN MI	
TITLE D	<input type="checkbox"/> DELETE
NAME KENNEDY, TIMOTHY R MC L	
STREET ADDRESS NAVAL HOSPITAL 3502 RIVERS	
CITY-ST-ZIP N CHARLESTON SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVS
2.3 STREET ADDRESS	Kennedy Marie V.
2.4 CITY-ST-ZIP	923-12 Lexington Parkway
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Apopka FL 32712
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PTD
4.3 STREET ADDRESS	Kennedy John J.
4.4 CITY-ST-ZIP	923-12 Lexington Parkway
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Apopka FL 32712
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Kennedy Timothy R.
6.4 CITY-ST-ZIP	427 Cape Emerald Loop

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19-97.33(1)(f), 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* 407
 JOHN J. KENNEDY 7-28-97 884 5626

CR2E034 (4/97)