

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

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 618962 (5)**  
1. Corporation Name  
**FLOKEN ASSOCIATES, INC.**



Principal Place of Business  
**923-12 LEXINGTON PKWY  
APOPKA FL 32712-2659  
US**

Mailing Address  
**923-12 LEXINGTON PKWY  
APOPKA FL 32712-2659  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/27/1979**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	Applied For
<b>59-1927798</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**KENNEDY, JOHN J  
923-12 LEXINGTON PARKWAY  
APOPKA FL 32712**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOMFIELD, ALEXIS E</b>	
STREET ADDRESS	<b>5701 JADE DRIVE</b>	
CITY - ST - ZIP	<b>TROY MI</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, MARIE V</b>	
STREET ADDRESS	<b>923-12 LEXINGTON PKWY</b>	
CITY - ST - ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, DENNIS G.</b>	
STREET ADDRESS	<b>1060 DREON</b>	
CITY - ST - ZIP	<b>CLAWSON MI</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, JOHN J</b>	
STREET ADDRESS	<b>923-12 LEXINGTON PKWY</b>	
CITY - ST - ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, SAM J</b>	
STREET ADDRESS	<b>4520 CLUBVIEW DR.</b>	
CITY - ST - ZIP	<b>ADRIAN MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, TIMOTHY R</b>	
STREET ADDRESS	<b>427 CAPE EMERALD LOOP</b>	
CITY - ST - ZIP	<b>EMERALD ISLE NC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Blomfield, Alexis E.</b>
1.3 STREET ADDRESS	<b>186 Kamloops Avenue</b>
1.4 CITY - ST - ZIP	<b>Ottawa Ontario Canada K1V-7C9</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE **John J. Kennedy** \_\_\_\_\_

CR2E034 (10/97)