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FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 007 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 618962

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

4. FEI Number

59-1927798

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 owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business

21 1183 Golf Point Loop
Suite, Apt. #, etc.

2a. Mailing Address

26 1183 Golf Point Loop
Suite, Apt. #, etc.

22 City & State

23 Apopka Florida
Zip Country

27 City & State

28 Apopka Florida
Zip Country

24 32712-2173 25 Orange

29 32712-2173 30 ORANGE

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

81 Name

Kennedy, John J.

82 Street Address (P.O. Box Number is Not Acceptable)

1183 Golf Point Loop

83

84 City

Apopka

FL

85 Zip Code

32712

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, President *John J. Kennedy* January 6, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOMFIELD, ALEXIS E	
STREET ADDRESS	186 KAMLOOPS AVE	
CITY-ST-ZIP	OTTAWA ONTARIO CA K1V-7	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KENNEDY, MARIE V	
STREET ADDRESS	923-12 LEXINGTON PKWY	
CITY-ST-ZIP	APOPKA 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	923-12 LEXINGTON PKWY	
CITY-ST-ZIP	APOPKA 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	
STREET ADDRESS	427 CAPE EMERALD LOOP	
CITY-ST-ZIP	EMERALD ISLE NC	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVS
2.3 STREET ADDRESS	Kennedy Marie V.
2.4 CITY-ST-ZIP	1183 Golf point loop Apopka, FL
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	PDT
4.3 STREET ADDRESS	Kennedy John J.
4.4 CITY-ST-ZIP	1183 Golf Point Loop Apopka FL
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, with all other like empowered.

SIGNATURE: *John J. Kennedy* 1-6-99 407 884 5626
DATE Daytime Phone #

CR2E034 (11/98)