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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

02-19-1999 90012 007 \*\*\*150.00

DOCUMENT #	618062
4. Composition Name	010302

FLOKEN ASSOCIATES, INC.

Principal Place of Business

923-12 LEXING APOPKA FL 3		923-12 LEXINGTON PKWY APOPKA FL 32712-2659					
US		US			DO NOT WRITE IN THI	S SDACE	
					3. Date Incorporated or Qualifed	- SPACE	
					04/27/1979		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21 1183	Golf Point Loop	26 1183 Golf	Doin	+ т.			Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	FULI	L12(	00p 00 10E1100		Not Applicable
22		27			5. Certifcate of Status Desired		5 Additional Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	May Be
23 Apopka Florida 28 Apopka Flor			rida				
Zip	Country	Apopka Flo	- द्रुक्तन	у	8. This corporation owes the current year Ir		
24 3271	2-2173 25 Orange 9. Name and Address of Current I	29 32712-2173	Or	ANGE	Personal Property Tax.	☐ Yes	□No
-	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
KEN	NNEDY, JOHN J		81	Name	Konnodu Tahar	,	
	-12 LEXINGTON PARKWAY		82	Stree	Kennedy, John J. t Address (P.O. Box Number is Not Acceptable)		
	OPKA FL 32712		"	Juce	1183 Golf Point Loop		
AFC	DFNA FL 32/12		83		- 100 GOTT FOINT POOD		
			84	City			
				,	Apopka <b>FL</b>		p Code 2712
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named confice or registered agent, or both, in the State of Florida, Such change was sufficiently by the				corporation submits this statement for the purpose of		<del></del>	
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.							registered
SIGNATURE Token T. T.							
12.	Signature, typed or printed name of registered agent ar	M title if applicable. TUCH NOTE R	gistered Age	nt signature			
TITLE	OFFICERS AND	<u>-</u>	13.0		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
NAME	•	☐ DELETE	1.1 TITLE			☐ Change	Addition
· · · · · · · · · · · · · · · · · · ·	BLOMFIELD, ALEXIS E		1.2 NAME				
STREET ADDRESS	186 KAMLOOPS AVE		1.3 STREE	TADDRESS	i e		
CITY-ST-ZIP	OTTAWA ONTARIO CA K1V-7		1.4 CITY-S	T-ZIP			_
TITLE	DVS	☐ DELETE	2.1 TITLE		DVS	Change	Addition
NAME	KENNEDY, MARIE V		2.2 NAME		Kennedy Marie V.		i
STREET ADDRESS	923-12 LEXINGTON PKWY		2.3 STREET	ADDRESS			
CITY-ST-ZIP	APOPKA FL		2. 4 CITY-S	T-ZIP	Apopka, FL		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	KENNEDY, DENNIS G.		3.2 NAME				
STREET ADDRESS	1060 DREON		3.3 STREET	ADDRESS		-	_
CITY-ST-ZIP	CLAWSON MI		3.4. CITY-S	T-ZIP			
TITLE	PTD	☐ DELETE	4.1 TITLE		PDT	Change	Addition
NAME	KENNEDY, JOHN J		4.2 NAME		Kennedy John J.		
STREET ADDRESS	923-12 LEXINGTON PKWY		4.3 STREET	ADDRESS	1102 Gale B		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST	-ZIP	1183 Golf Point Loop		- 1
TITLE	D	☐ DELETE	5.1 TITLE		Apopka FL	Change	Addition
NAME	KENNEDY, SAM J		5.2 NAME			_ •	
STREET ADDRESS	4520 CLUBVIEW DR.		5.3 STREET	ADDRESS			

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

adrian Mi

KENNEDY, TIMOTHY R

EMERALD ISLE NO

427 CAPE EMERALD LOOP

☐ DELETE

☐ Change

☐ Addition