

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:34

DOCUMENT # **F92000000471 (4)**

1. Corporation Name

FLENNIKEN CORPORATION

Principal Place of Business	Mailing Address
C/O DOLLAR BANK THREE GATEWAY CENTER, NINE SOUTH PITTSBURGH PA 15222	C/O DOLLAR BANK THREE GATEWAY CENTER, NINE SOUTH PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 25-1695734	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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 listed or credit bureau of registered agent and that of officer)

(Signature of Registered Agent (signature required when necessary))

GA1

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHELLEY, JOHN
STREET ADDRESS	10 EAST 3 GATEWAY CTR PITTSBURGH PA
CITY, ST, ZIP	
TITLE	V
NAME	DORNETO, MARY A
STREET ADDRESS	127 BRIARWOOD LANE MARS PA 16046
CITY, ST, ZIP	
TITLE	V
NAME	BROOKS, BERT
STREET ADDRESS	108 DINWIDDIE DRIVE NEW KENSINGTON PA 15069
CITY, ST, ZIP	
TITLE	T
NAME	KOBUS, THOMAS A
STREET ADDRESS	5 FIELDVUE PITTSBURGH PA 15215-
CITY, ST, ZIP	
TITLE	AT
NAME	DIMSHO, VIC
STREET ADDRESS	46 STANCEY ROAD PITTSBURGH PA 15220
CITY, ST, ZIP	
TITLE	AT
NAME	O'MARA, SCOTT
STREET ADDRESS	RD6 BR 2841 MT. PLEASANT PA 15666
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MICHAEL O'RORKE	
13 STREET ADDRESS	9 SOUTH, 3 GATEWAY CTR	
14 CITY, ST, ZIP	PITTSBURGH, PA 15222	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(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 997, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Scott G. O'Mara* **SCOTT G. O'MARA** 3/20/95 412 261 8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR