

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F92000000471 (4)**

1. Corporation Name  
**FLENNIKEN CORPORATION**



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

Mailing Address: **C/O DOLLAR BANK  
THREE GATEWAY CENTER, NINE SOUTH  
PITTSBURGH PA 15222**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/01/1992</b>	3a. Date of Last Report <b>03/28/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>25-1695734</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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)	
83.	
84. City	<b>FL</b>

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SHELLEY, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>10 EAST 3 GATEWAY CTR PITTSBURGH PA</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PITTSBURGH PA</b>	1.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V DORNETO, MARY A</b>	2.2 NAME	
STREET ADDRESS	<b>127 BRIARWOOD LANE MARS PA 16046</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MARS PA 16046</b>	2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V BROOKS, BERT</b>	3.2 NAME	
STREET ADDRESS	<b>108 DINWIDDIE DRIVE NEW KENSINGTON PA 15068</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEW KENSINGTON PA 15068</b>	3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T KOBUS, THOMAS A</b>	4.2 NAME	
STREET ADDRESS	<b>5 FIELDVUE PITTSBURGH PA 15215-</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PITTSBURGH PA 15215-</b>	4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT DIMSHO, VIC</b>	5.2 NAME	
STREET ADDRESS	<b>46 STANCEY ROAD PITTSBURGH PA 15220</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PITTSBURGH PA 15220</b>	5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT O'MARA, SCOTT</b>	6.2 NAME	
STREET ADDRESS	<b>100 FIELD CLUB DR. MT. PLEASANT PA 15800</b>	6.3 STREET ADDRESS	
CITY, ST, ZIP	<b>McKEES ROCKS, PA 15736</b>	6.4 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 119.07(3)(k), 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:** *Scott G. O'Mara* **SCOTT G. O'MARA** 2/15/96 412 261 8928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)