

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

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 15222-1004
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3. Date Incorporated or Qualified 12/01/1992	3a. Date of Last Report 03/11/1996
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. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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

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

83.

84. City **FL** 85. 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 _____ (Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SHELLEY, JOHN
STREET ADDRESS	10 EAST 3 GATEWAY CTR
CITY-ST-ZIP	PITTSBURGH PA
TITLE	V <input type="checkbox"/> DELETE
NAME	DORNETO, MARY A
STREET ADDRESS	127 BRIARWOOD LANE
CITY-ST-ZIP	MARS PA 16046
TITLE	V <input type="checkbox"/> DELETE
NAME	BROOKS, BERT
STREET ADDRESS	108 DINWIDDIE DRIVE
CITY-ST-ZIP	NEW KENSINGTON PA 15068
TITLE	T <input type="checkbox"/> DELETE
NAME	KOBUS, THOMAS A
STREET ADDRESS	5 FIELDVUE
CITY-ST-ZIP	PITTSBURGH PA 15215
TITLE	AT <input type="checkbox"/> DELETE
NAME	DIMSHO, VIC
STREET ADDRESS	48 STANCEY ROAD
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	O'MARA, SCOTT
STREET ADDRESS	100 FIELD CLUD DRIVE
CITY-ST-ZIP	MCKEES ROCKS PA

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	
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 checked="" type="checkbox"/> Addition
6.2 NAME	AT
6.3 STREET ADDRESS	James T. Jurcic
6.4 CITY-ST-ZIP	217 Mesa Circle Pittsburgh, PA 15241

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *James T. Jurcic* James T. Jurcic 4/14/97 (412) 261-8928

CR2E034 (9/96)