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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F92000000471

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1992	
21		26		4. FEI Number 25-1695734	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	29	Zip Country	8. This corporation owes the current year intangible Personal Property Tax.	<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
				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 title if applicable. (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY, JOHN	1.2 NAME	
STREET ADDRESS	10 EAST 3 GATEWAY CTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNETO, MARY A	2.2 NAME	
STREET ADDRESS	127 BRIARWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARS PA 16046	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BERT	3.2 NAME	
STREET ADDRESS	108 DINWIDDIE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW KENSINGTON PA 15068	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBUS, THOMAS A	4.2 NAME	
STREET ADDRESS	5 FIELDVUE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15215	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMSHO, VIC	5.2 NAME	
STREET ADDRESS	46 STANCEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURCIC, JAMES T	6.2 NAME	
STREET ADDRESS	217 MESA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15241	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: James T Jurcic **JAMES T JURCIC** 4/20/99 (412) 261-8928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (11/98)