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Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P14213 (3)
1. Corporation Name: MK MANAGEMENT SERVICES, INC.



Principal Place of Business: SUITE 2219, CLARK TOWER, 5100 POPLAR AVENUE, MEMPHIS TN 38137
Mailing Address: SUITE 2219, CLARK TOWER, 5100 POPLAR AVENUE, MEMPHIS TN 38137-4000

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21 SUITE 2216 CLARK TOWER
22 City & State: 23
2a. Mailing Address: 26 SUITE 2216
27 City & State: 28
29 Zip: 30
4. FEI Number: 62-1061695
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: PTD
1.2 NAME: MURPHEY, MARRAY C.
1.3 STREET ADDRESS: 5100 POPLAR AVE., S-2219
1.4 CITY-STATE-ZIP: MEMPHIS TN
1.5 TITLE: VSD
1.6 NAME: KENNEDY, ROBERT C.
1.7 STREET ADDRESS: 5100 POPLAR AVE., S-2219
1.8 CITY-STATE-ZIP: MEMPHIS TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-STATE-ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-STATE-ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-STATE-ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-STATE-ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY-STATE-ZIP: _____

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 if changed, or on an attachment with an address.

SIGNATURE: Robert C Kennedy 1/7/97 901 767 3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter's Phone #

CR2E034 (9/96)