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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000034527 (9)

1. Corporation Name

MKA & ASSOCIATES, INC.

Principal Place of Business

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

59-3239252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7400 Bay meadows Way

Suite, Apt. #, etc.

22 #315

City & State

23 JACKSONVILLE, FL

Zip

24 32256

Country

2a. Mailing Address

26 7400 Bay meadows Way

Suite, Apt. #, etc.

27 #315

City & State

28 JACKSONVILLE, FL

Zip

29 32256

Country

30

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR
SUITE 105
JACKSONVILLE FL 32207

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MASHEK, EDWARD R
8400 BAYMEADOWS WAY #3
JACKSONVILLE FL 32256 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KRAEMER, WALTER
8400 BAYMEADOWS WAY #3
JACKSONVILLE FL 32256 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ANDREWS, LORRAINE
8400 BAYMEADOWS WAY #3
JACKSONVILLE FL 32256 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
Mashek, Edward R
7400 Baymeadows Way, #315
JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
KRAEMER, WALTER
7400 Baymeadows Way, #315
JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
ANDREWS, LORRAINE
7400 BAYMEADOWS WAY, #315
JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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.

SIGNATURE: X

E. Mashek

3/24/98

CR2E034 (10/97)