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FILED
May 27 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

1. Corporation Name
MKA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8400 Baymeadows Way Suite 3 Jacksonville, FL 32256	8400 Baymeadows Way Suite 3 Jacksonville, FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7400 Baymeadows Way	2a. Mailing Address 26 7400 Baymeadows Way
Suite, Apt. #, etc. 22 Suite 315	Suite, Apt. #, etc. 27 Suite 315
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32256 / 25	Zip / Country 29 32256 / 30

3. Date Incorporated or Qualified: 05/02/94

4. FEI Number: 59-3239252 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Elefant, Fred 1650 Prudential Dr Suite 105 Jacksonville, FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	Mashek, Edward R.	12 NAME	
STREET ADDRESS	8400 Baymeadows Way, #3	13 STREET ADDRESS	7400 Baymeadows Way, #315
CITY-ST-ZIP	Jacksonville, FL 32256	14 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	D ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	Kraemer, Walter	22 NAME	
STREET ADDRESS	8400 Baymeadows Way, #3	23 STREET ADDRESS	7400 Baymeadows Way, #315
CITY-ST-ZIP	Jacksonville, FL 32256	24 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D ☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	Andrews, Lorraine	32 NAME	
STREET ADDRESS	8400 Baymeadows Way, #3	33 STREET ADDRESS	7400 Baymeadows Way, #315
CITY-ST-ZIP	Jacksonville, FL 32256	34 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200002538242
STREET ADDRESS		63 STREET ADDRESS	-05/28/98--01015--014
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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: E P Mashek 4/28/98 904 731 5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #