

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # P95000043084 (9)

1. Corporation Name

M.K.D. CORPORATION

Principal Place of Business

1023 W. COLONIAL DR.
ORLANDO FL 32804

Mailing Address

2345 CHESHIRE BRIDGE RD., STE. 4
ATLANTA GA 30324-3758



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 2441 Cheshire Bridge Road

Suite Apt. #, etc.

27 Suite 130

City & State

28 Atlanta, GA

Zip

29 30324-3760

Country

30

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

09/18/1996

4. FEI Number

59-3320958

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ELSBERRY, MICHAEL V ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DR.
ORLANDO FL 32802

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 Required: No name of registered agent and title. Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P HOMA, CHARLES R 1414 GETWELL RD., #102 MEMPHIS TN 38111

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
President/Director

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
Change Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
Change Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
Change Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
Change Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011806

CR2E034 (9/96)