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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **P95000075068 (3)** MKR ASSOCIATES, INC. Principal Place of Business Mailing Address 2345 CHESHIRE BRIDGE RD. 2891 W. NEW HAVEN AVE. W. MELBOURNE FL 32904 STE. 4 ATLANTA GA 30324-3758 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1995 09/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2441 Cheshire Bridge Road 59-3338571 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Suite 130 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Atlanta, GA Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30324-3760 Florida Statutes Yes X No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ELSBERRY, MICHAEL V ESO. % LOWNDES, DROSDICK, DOSTER, KANTOR & REED Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DR. 83 ORLANDO FL 32802 84 City 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 land accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE $\sigma(n)$. One of or the state of acquired agent and title if apparable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X Addition Change TITLE DELETE 1.1 TITLE <u>6</u> President/Director HOMA, CHARLES R NAME 1.2 NAME 1414 GETWELL RD., #102 STREST ADDRESS 1.3 STREET ADDRESS MEMPHIS TN 38111 CITY+S1-ZIP 14 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CHY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Addition Channe THUE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY ST- ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP C/TY-S1-ZIP .DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CHY-31-749 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with the filling does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is five and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver of 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 approach.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

0011801

FILED

Jan 27 1997 8:00am