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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075068 (3)

MKR ASSOCIATES, INC.

Pr	incipal Place of Busines	Mailing Address	iling Address			4 (CONTROL CONTROL ACTIV CONTROL OF STATE OF STA	1111 08110 81101 1911 1981				
	1891 W. NEW HAVEN AVE V. MELBOURNE FL 32904		2441 CHESHRE BRIDGE RD. SUITE 130 ATLANTA GA 30324				DO NOT WRITE IN THIS SPACE				
			US				3. Date Incorporated or Qualified				
						09/28/1995					
2.	Principal Place of Busin	ness	2a. Mailing Address				4. FEI Number	Applied For			
21	_		26				59-3338571	Not Applicable			
22	Suite, Apt. #, etc.	 ;	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24	Zip	Country 25	Zip 29	30 Cou	ntry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes \[] No			
- ,		and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	jent				
ELSBERRY, MICHAEL V ESQ.						Name					
URLANDU PL 32802					82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
					63 64						
								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 renstating) DATE												
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PD	DELETE	1.1 TRLE	President	X . Change	☐ Addition						
NAME	HOMA, CHARLES R		1.2 NAME	Charles R. Homa								
STREET ADDRESS	1414 GETWELL RD., #102		1.3 STREET ADDRESS	2441 Cheshire Bridge Road,	Suite	130						
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP	Atlanta, Georgia 30324								
TITLE		DELETE	2 1 TITLE	1102411047 0001914 00324	Change	Addition						
NAME			2.2 NAME									
STREET ADDRESS			23 STREFT ADDRESS									
CITY-ST-ZIP			2 4 CITY-ST-ZIP									
TITLE		DELETE	3 1 TITLE		Change	Addition						
NAME			3.2 NAME									
STREET ADDRESS			33 STREET ADDRESS									
CITY-ST-ZIP			3 4. CITY - ST - ZIP									
TITLE		DELETE	41 THTLE		Change	Addition						
NAME			4. 2 NAME	•								
STREET ADDRESS			43 STREET ADDRESS									
CITY-ST-ZIP			4 4 CITY - ST - ZIP									
TIŢLE		DELETE	5 1 TITLE		Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			53 STREET ADDRESS									
CITY-ST-ZIP			54 CITY-ST-ZIP									
TITLE		DELETE	61 TITLE		Change	Addition						
NAME			62 NAME									
STREET ADDRESS			63 STREET ADDRESS									
CITY-ST-ZIP			64 CITY - ST - ZIP			.]						

14. Hereby certify that the information supplied with this filing does policy or 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 of the corporation or the receiver or trustee employeed 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 a didness.

1-19-98

(404) 315-8570

FILED

Jan 30 1998 8:00am

Secretary of State

CR2E034 (10/97)