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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075068

1. Corporation Name

MKR ASSOCIATES INC

IVIINTI AGO	SOCIATES, INC.								
Oringinal Place	of Pucinoss	Mailing Address						1)	Bildi fon fod
Principal Place of Business Mailing Address 2891 W. NEW HAVEN AVE. 2441 CHESHIRE BRIDGE RD.									
W. MELBOURNE	SUITE 130	7.7							
WEEDODING	,	ATLANTA GA 30324				DO NOT WRITE IN THIS SPACE			
		US				Date Incorporated	or Qualifed]
						09/28/1995			
2. Principal Pl	ace of Business	2a. Mailing Address	1	n	1	4. FEI Number			plied For
21		26 878 Piedn	nont	Koa	d	<u>59-3338571</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired	\$8.75	
22		27						Fee Re	
City & State	•	City & State	da	•		6, Election Campaign		\$5.00	
23		28 1++ an+a, U	eorg	<u> </u>		Trust Fund Contri		Added t	o Fees
Zip	Country	- Zananii -	Country	10		8, This corporation of		Intangible Yes	ΧNo
24	25	29 30324 30	<u> </u>	₩		Personal Property			ANO
	9. Name and Address of Currer	nt Registered Agent	81	Name		10. Name and Addre	ss of New Registers	M Agent	
ELSBERRY, MICHAEL V ESQ.									
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED					Addres	s (P.O. Box Number is	Not Acceptable)		
215 N. EOLA DR.				 					
ORLANDO FL 32802									
ORLANDO FE 32002				City			F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							-	_ , ,	rogistared
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was auti	norizea by	tne corbo	corpor	ation submits this state 's board of directors. I l	nereby accept the app	pointment as re	gistered
SIGNATURE									
	Signature, typed or printed name of registered age			nt signature r	equired v	when reinstating)	GES TO OFFICERS	AND DIRECTO	DC IN 12
12.		ND DIRECTORS	13.		r	ADDITIONS/CHAN	GES TO OFFICERS	Change	Addition
TITLE	PD	□ pere₁e	1.1 TITLE			_	1	ya siinigii	
NAME	HOMA, CHARLES R	TT 100	1.2 NAME		191	78 Piedmoi Hanta, GI	nt Road		
STREET ADDRESS	2441 CHESHIRE BRIDGE RD S	SIE 130		TADDRESS	10		30301		
CITY-ST-ZIP	ATLANTA GA 30324	FT pri ett	1.4 CITY-S	ST-ZIP	17	riwith, br	1 30089	Change	Addition
TITLE			2.1 TITLE					C change	
NAME			2.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			2 4 CITY-1	ST-ZIP			4.41-2	☐ Change	Addition
TITLE			3.1 TITLE						
NAME			3.2 NAME		1				
STREET ADDRESS				TADDRESS	1				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE					[] Orlange	
NAME.			4. 2 NAME		-				
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE		1			☐ Change	
NAME			5.2 NAME						
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition

ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information laccurate and that my signature shall have the same legal effect as if made under oath; that I am an did execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fith all other like empowered. 14. I hereby certify that the information supplied with this filling dindicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with an

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N