FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **465668** **(2)**

1. Corporation Name

J.J. MACKENZIE & COMPANY, INC.

Principal Place of Business	Mailing Address
4250 GALT OCEAN DR. FORT LAUDERDALE FLORIDA 33308	J.J. MACKENZIE & COMPANY, INC. 6501 PARK OF COMMERCE BLVD. #200 BOCA RATON FL 33487 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 936 Intra Coastal Dr	26 936 Intra Coastal Dr	12/02/1974	05/31/1995
22 Suite, Apt. #, etc. 1504	27 Suite, Apt. #, etc. #1504	4. FEI Number 59-1741166	☐ Applied For ☐ Not Applicable
23 City & State Ft. Lauderdale, Fla	28 City & State Ft. Lauderdale, Fla	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip 33304 25 Country U.S.A	29 Zip 33304 30 Country U.S.A	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

EASON,MITCHELL R.
1360 S. OCEAN BLVD. #2803
POMPANO FL 33062

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 Mitchell R. Eason 4/16/96
Signature(s) Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EASON,MITCHELL R.		1.2 NAME		
STREET ADDRESS	1360 S. OCEAN BLVD. #2803		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EASON, RANDOLPH A		2.2 NAME		
STREET ADDRESS	2940 OLE KALB PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN PA		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mitchell R. Eason 4/16/96 954-630-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #