

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 # **L19395** (7)
1. Corporation Name
MACKENZIE ASSOCIATES, INC.



Principal Place of Business
**6501 PARK COMMERCE BLVD
SUITE 200
BOCA RATON FL 33487
US**

Mailing Address
**6501 PARK COMMERCE BLVD
SUITE 200
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified **09/29/1989** 3a. Date of Last Report **05/31/1995**

2. Principal Place of Business **915 Medal River Dr. 936 Intracoastal Dr.**
21 Suite, Apt. #, etc. **1504** 27 State, Apt. #, etc. **214**
22 City & State **St. Lauderdale, Fla** 28 City & State **St. Lauderdale, Fla**
23 Zip **33304** Country **U.S.A** 29 Zip **33304** Country **U.S.A**
24 25 26 30

4. FEI Number **65-0149514** 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

10. Name and Address of New Registered Agent

**EASON, MITCHELL R.
4250 GALT OCEAN DR
FT. LAUDERDALE FL 33308**

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 and its 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**

(Both the Registered Agent's signature and the date are required when filing this statement.)

DATE **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	EASON, MITCHELL R.	6501 PARK COMMERCE BLVD, SUITE 200	BOCA RATON FL	
D	EASON, RANDOLPH A.	816 GERMANTOWN PIKE	NORRISTOWN PA	
D	JENNINGS, GENEVIVE	500 E 77TH ST	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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

Mitchell R. EASON 4/16/96 954-638-8700

CR2E034 (12/95)