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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L71871 (2)

1. Corporation Name
MACKENZIE SECURITY, INC.

Principal Place of Business
11436 S.W. 33RD LANE
MIAMI FL 33165

Mailing Address
11436 S.W. 33RD LANE
MIAMI FL 33165-3320



2. Principal Place of Business
21 2460 SW. 137 Avenue

Suite, Apt. #, etc.
22 Suite # 251

City & State
23 Miami, Florida 33125

Zip
24 33175

Country
25 Dade

2a. Mailing Address
26 P.O. Box 650365

Suite, Apt. #, etc.

City & State
28 Miami, Florida

Zip
29 33265-0365

Country
30 Dade

3. Date Incorporated or Qualified
05/10/1990

3a. Date of Last Report
04/26/1996

4. FEI Number
65-0192987

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

MACKENZIE, GEORGE A.
41436 SW 33RD LN
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

Same

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 *George A. Mackenzie*

(NOTE: Registered Agent signature required when reinstating)

3-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MACKENZIE, GEORGE A.
STREET ADDRESS 11436 SW 33RD LN
CITY-ST-ZIP MIAMI FL

TITLE DS
NAME MACKENZIE, YOLANDA E.
STREET ADDRESS 11436 SW 33RD LN
CITY-ST-ZIP MIAMI FL

TITLE DV
NAME MACKENZIE, KENNETH
STREET ADDRESS 11436 SW 33RD LN
CITY-ST-ZIP MIAMI FL

TITLE Director
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Carlos A. Penate
1.3 STREET ADDRESS 1160 NW. 3 Street Apt.# 3
1.4 CITY-ST-ZIP Miami, Florida 33128

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/97

(305) 223-5025

Date

Daytime Phone #

0222345

CR2E034 (9/96)