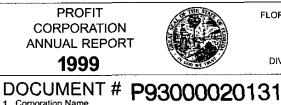
PROFIT CORPORATION

ANNUAL REPORT



THE MACKENZIE COMPANIES, INC.

1. Corporation Name



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90172 047 ***158.75



Principal Place of Business Mailing Address Krwze						-	W 11011 601	81 HEUE	11181 HAI 1881	
9900 STIRLING ROAD FOR BOX 16837			•							
SUITE 231 COOPER CITY FL 33024 PLANTATION FL 33318-6837						DO NOT WRITE IN THI	S SPAC	E		
US US						3. Date Incorporated or Qualifed				
						03/17/1993				
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21		26	4- A-4 # at-			65-0432547	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.			etc.			5. Certifcate of Status Desired	•	ee Re	1	
City & State	City & State				6. Election Campaign Financing			May Be		
23		├ ─, "	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			This corporation owes the current year Intangible				
24	25	293	10			Personal Property Tax.	Ye	s	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent			
ו נחצו	TEL CAMP M		81	Na	me					
KRUZEL, DAVID M 8181 W BROWARD BLVD			82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)				
350			83							
PLANTATION FL 33324			03	'			_			
104	TATION I E GOOL		84	Cit	у	-	85	Zip C	ode	
44 Pursuant	to the province of Sections 607 050	2 and 607 1508. Florida Statutes	the abov	e-nar	ned corno	ration submits this statement for the purpose	of chang	ina its	registered	
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.										
	m tamıllar witn, and accept the obligat	Horis of, Section 607.0303, Florid	Ja Statutes	٠.						
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	Registered Age	nt signa	ture required	when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	PD DELETE		1.1 TITLE					hange	Addition	
NAME	WACKS, EDWARD									
STREET ADDRESS				TADDR	ESS					
CITY-ST-ZIP	PLANTATION FL 33324	□ DELETE	1.4 CITY-ST-ZIP					hange	Addition	
TITLE	VPD			2.1 TITLE 2.2 NAME				ango		
NAME	tirioto, parte			T ADDR						
STREET ADDRESS	PLANTATION FL				E33					
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE					hange	Addition	
NAME	<u></u>			32 NAME						
STREET ADDRESS			3 3 STREE	TADDR	ESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE	☐ DELETE		4.1 TITLE					hange	Addition	
NAME			4. 2 NAME							
STREET ADDRESS.			43 STREE	ADDR	ESS					
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					- Addition	
TITLE		☐ DELETE	5.1 TITLE				ПС	hange	☐ Addition	
NAME			52 NAME		Eee					
STREET ADDRESS			5.3 STREE 5.4 CITY-5		1500					
CITY-ST-ZIP		DELETE	6.1 TITLE	51-ZIP			ПС	hange	Addition	
TITLE			6.2 NAME					•		
NAME			63 STREE		ESS					

CITY-ST-ZIP 14. I 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 suppliemental 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: