SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P93000050323 (3)

MCKENZIE INVESTMENT CORPORATION

FILED Sep 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2301 8TH AVE. 2301 8TH AVE. ST. JAMES FL 33956 ST. JAMES FL 33956 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1993 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1808 BITTER ROOT TR. 1508 65-0424011 BITTER 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be TALLAHASE EE Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible X Yes 25 29 Personal Properly Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCKENZIE, CHARLES 2301 8TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 ST. JAMES CITY FL 33956 BITTER 83 84 TALLAHA SE BE 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change Acidition TITLE MCKENZIE, CHARLES NAME 1.2 NAME 2301 8TH AVE 1808 BITTER ROOT 1.3 STREET ADDRESS STREET ADDRESS ST. JAMES CITY FL 33956 TALLAHASS BE, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 THUE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.