

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90002 033 \*\*\*158.75

DOCUMENT # **P93000069849**

1. Corporation Name

**MACKENZIE INTERNATIONAL, INC.**



Principal Place of Business

8171 BAY COLONY DR  
UNIT 1701  
NAPLES FL 34108  
US

Mailing Address

8171 BAY COLONY DR  
UNIT 1701  
NAPLES FL 34108  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/01/1993**

4. FEI Number

**65-0448499**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **316 Colony Dr.**

Suite, Apt. #, etc.

22  
City & State  
23 **Naples, FL**

24 Zip  
**34108**

25 Country  
**US**

2a. Mailing Address

26 **316 Colony Dr.**

Suite, Apt. #, etc.

27  
City & State  
28 **Naples, FL**

29 Zip  
**34108**

30 Country  
**US**

9. Name and Address of Current Registered Agent

**WALL, THOMAS J**  
**8171 BAY COLONY DR**  
**NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**316 Colony Dr.**

83

84 City

**Naples**

**FL**

85 Zip Code  
**34108**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WALL, THOMAS J**  
STREET ADDRESS **8171 BAY COLONY DR., UNIT 1701**  
CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☐ DELETE  
NAME **WALL, MARY JANE**  
STREET ADDRESS **8171 BAY COLONY DR UNIT 1701**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Wall, Thomas J**  
1.3 STREET ADDRESS **316 Colony Dr.**  
1.4 CITY-ST-ZIP **Naples, FL 34108**

2.1 TITLE **S** ☒ Change ☐ Addition  
2.2 NAME **Wall, Mary Jane**  
2.3 STREET ADDRESS **316 Colony Dr.**  
2.4 CITY-ST-ZIP **Naples, FL 34108**

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(l), 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:

*Thomas J. Wall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas J. Wall**

**7/12/99**

**(941) 598-9716**

Date

Daytime Phone #

CR2E034 (5/99)

P9 3000069849  
593277-90002-33

Mackenzie International Inc.  
316 Colony Drive  
Naples, Florida 34108  
(941) 598-9716

July 12, 1999

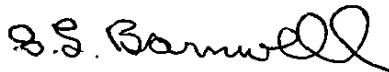
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

After conversation with your department, we are submitting the enclosed annual report with a filing fee of \$150.00. This is the first report that we have received.

After not receiving your report in early 1999, we called in April 1999 and left our name and new address on your recording, requesting the report. When we did not receive the report, we called a second time, speaking to someone who informed us to allow three weeks for the report to reach us. The first report we have received with our new address is the one being returned to you now. We can only assume that the other reports were mailed to our former address and returned.

If you would review our prior filing, you would find, we always have filed early and will continue to do so in the future. Should you have any questions, please call.

  
S.L. Barnwell  
Controller  
(248) 583-2710 ext. 108