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May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002366 (0)

1. Corporation Name

MACKENZIE & ROSSITTO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

101 C SEAWAY DR.  
FORT PIERCE FL 34950

101 C SEAWAY DR.  
FORT PIERCE FL 34950-9186

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 10651-S. U.S. HWY #1

26 SAME as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Port St Lucie, FL

28 City & State

24 Zip 34952

25 Country USA

29 Zip

30 Country

4. FEI Number

65-0465024

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

MACKENZIE, OLIVER K  
101 C SEAWAY DR.  
FORT PIERCE FL 34950

81 Name ROBERT J. ROSSITTO

82 Street Address (P.O. Box Number is Not Acceptable)  
10651 S. U.S. HWY #1

83

84 City PORT ST LUCIE

FL

85 Zip Code 34952

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

Robert J. Rossitto

5/5/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MACKENZIE, OLIVER K.  
STREET ADDRESS 5600 PALM DR  
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

TITLE ST  
NAME ROSSITTO, ROBERT J.  
STREET ADDRESS 5116 MYRTLE DR  
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE P  
1.2 NAME ROBERT J. ROSSITTO  
1.3 STREET ADDRESS 10651-S. U.S. HWY #1  
1.4 CITY-ST-ZIP PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

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

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

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

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

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

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:

Robert J. Rossitto

5/5/97 (561) 337-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)