FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000070110 (9) DOCUMENT # 1. Corporation Name

MACKENZIE EQUITIES LIMITED, INC.				T INCUIRAL HA INKI DIRH RAKIN DAKI	
6501 PARK OF COMMERCE BLVD. SUITE 200		Mailing Address 6501 PARK OF COMM SUITE 200			
DOOR HATO	N FL 33407	BOCA RATON FL 334	87	3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 06/07/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0524319	Not Applicable
▶		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
23 28		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
7φ	Country	Zip	Country	8. This corporation has liability for	Addled to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	
			81 Nan	alco Pinno	
EASON, MITCHELL R				dress IP.O. Bax Number is Not Acceptat	ole)
6501 PARK OF COMMERCE BLVD.			650	ol Park of Co	mmarce B/VI
SUITE 200			83 540	- 200	
BOCA R	ATON FL 33487		84 City	- 400	85 Zip Code
11 Pursuant t	o the regulations of Spotions 607.0603	and 607 1509 Florida Statut		Car Katon pration submits this statement for the pur	FL 33487
Or reclision	ou agent, or pour in the state of Florida	L auch change was authoriz	'ACLINY INA CAMBARAINA'S bas	oration submits this statement for the pul ard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
ISC LINES AND	th, and accept the obligations of Section	1007.0505, Frida Statutes	5.		,
SIGNATURE.	Signative, typed or printed rieme of registered agent ar	id litie if applicable (No	TE: Registered Agent signature requir	ed when reinstating:	DATE
12.	OFHCERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DS	DELETE	1. 1 TILLE		☐ Change ☐ Addition
NAME	EASON, MITCHELL R		1.2 NAME		
STREET ADDRESS	6501 PARK OF COMMERCE B	.VU., #200	13 STREET ADDRESS		
CITY - ST - ZIP TITLE	BOCA RATON FL	DELETE	14 CITY - ST - ZIP 2 1 TITLE		
NAME	EASON, RANDOLPH A	Ditter	2 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	807 W GERMANTOWN PIKE		23 STREET ADDRESS		
GITY-\$1-7IP	NORRIS TOWN PA		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3. 1 TIFLE	P	Change Addition
NAME	WACKO, DIANE		3 2 NAME	1 dec Plans	
STREET ADORESS	6501 PARK OF COMMERCE BI	.VD 200	3.3 STREET ADDRESS	Jacks, Plane Co.	mmerce Bhottoo
CITY-ST ZIP	BOCA RATON FL		3.4 CITY - ST - ZIP	oca Raton, Fla	3487
TITLE		DELETE	4 1 TITLE	5.7.	Change Addition
NAME CLOCK & ADDRESS			4.2 NAME	Vacks, maurice 501 Park of cam	140 75
STREET ADDRESS			4.3 STREET ADDRESS	501 Park of can	merce ONA- 200
DITY-ST-ZIP TITLE		DELETE	4.4 CiTy - ST - ZiP 5 1 TiTLE	pea Raton, 1/3	3487
NAME			5 2 NAM6		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	avid Lipsich	1 -10 Blad #200
CHTY+ST+ZIP			5.4 CITY - ST - ZIP	SOI FORK OF COM	mercepha 200
TIILE		DELETE	6 1 TITLE	00 ca 14 11/11/11/15	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-SI-ZIP			6 4 CITY - ST - ZIP		
oath; that	ure monnation molested on this annual	report or supplemental ann tion or the receiver or truste	ual report is true and accura e empowered to execute th	for the exemption stated in Section 119. ate and that my signature shall have the is report as required by Chapter 607, Flo	none in not be the same of the

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF