

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

FILED  
Jul 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000070110 (9)

1. Corporation Name

MACKENZIE EQUITIES LIMITED, INC.

Principal Place of Business

Mailing Address

~~6601 PARK OF COMMERCE BLVD.~~  
~~SUITE 200~~  
BOCA RATON FL 33487

~~8501 PARK OF COMMERCE BLVD.~~  
~~SUITE 200~~  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

65-0524319

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9900 Stirling Rd

26 P.O. Box 16837

22 Ste 231

27

23 Cooper City, F  
City & State  
Zip Country

28 Plantation, FL  
City & State  
Zip Country

24 33024

29 33318-6837 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACKS, DIANE  
~~6601 PARK OF COMMERCE BLVD.~~  
~~SUITE 200~~  
~~BOCA RATON FL 33487~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 e/o David Kruezel

84 8181 West Broward Blvd Ste 350

Plantation

FL

85 Zip Code  
33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ST  
WACKS, MAURICE  
STREET ADDRESS 6601 PARK OF COMMERCE BLVD #200  
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME V  
LIPSICK, DAVID  
STREET ADDRESS 6601 PARK OF COMMERCE BLVD #200  
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME P  
WACKS, DIANE  
STREET ADDRESS 6601 PARK OF COMMERCE BLVD #200  
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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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 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.

CR2E034 (10/97)