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

DOCUMENT # **P95000001819 (8)**

1. Corporation Name
THE MACKENZIE GROUP, INC.

Principal Place of Business
5100 NORTH TAMIAMI TRAIL
#105
NAPLES FL 33940

Mailing Address
5100 NORTH TAMIAMI TRAIL
#105
NAPLES FL 33940

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 260 LELY BEACH BLVD
22 Suite, Apt. #, etc. #202
23 City & State: BONITA SPRINGS FL
24 Zip: 33923
25 Country: USA

2a. Mailing Address
26 260 LELY BEACH BLVD,
27 Suite, Apt. #, etc. #202
28 City & State: BONITA SPRINGS FL
29 Zip: 33923
30 Country: USA

4. FEI Number: 65-0556294 — 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
MACKENZIE, RODERICK L
5100 N. TAMIAMI TRAIL
#105
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: MACKENZIE RODERICK L
82 Street Address (P.O. Box Number Is Not Acceptable): 260 LELY BEACH BLVD
83 #202
84 City: BONITA SPRINGS FL 85 Zip Code: 33923

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: R.L. MACKENZIE 1/20/96
(Signature of the person accepting appointment as registered agent) (TYPE or PRINT the name of the Registered Agent) (Registered Agent's signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MACKENZIE, RODERICK L	
STREET ADDRESS	5100 NORTH TAMIAMI TRAIL #105	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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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	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	MACKENZIE, RODERICK L	
1.3 STREET ADDRESS	260 LELY BEACH BLVD., #202	
1.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	MACKENZIE, EILA K	
2.3 STREET ADDRESS	260 LELY BEACH BLVD., #202	
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R.L. MACKENZIE 1/20/96 941 495 9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (12/95)