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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90097 035 \*\*\*150.00

| i. Corporation  | MENT # P95000(<br>CKENZIE GROUP, INC.   | 001819                            |                               |                      |   |                      |                                |
|---|---|-----------------------------------|-------------------------------|----------------------|---|----------------------|--------------------------------|
| Principal Place   | e of Business   | Mailing Address                   | - ··· - · · · · ·             |                      | t indiindt iin iniet mill mellt gelit antit   | AL MEINT CHANGE FEIR | r ekinen enek enne             |
| 260 LELY BEAC   | 260 LELY BEACH BLVD   |                                   |                               |                      |   |                      |                                |
| 202 202   |   |                                   |                               |                      |   | <b></b>              |                                |
| BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923           |   |                                   |                               | DO NOT WRITE IN TH   | IS SPACE  |                      |                                |
| US  |   | US                                |                               |                      | 3. Date Incorporated or Qualifed  |                      | 1                              |
|   | (0)   | 2- Mailing Address                |                               |                      | 01/09/1995<br>4: FEI Number   | Ι Ι Δε               | plied For                      |
| <del></del>   | lace of Business  | 2a. Mailing Address               | 26 260 Barefoot Beach Blv     |                      | 65-0556294  | ļ                    | ot Applicable                  |
| Suite, Apt. #, etc.                                       |   | Suite, Apt. #, etc.               |                               | 214 4                | _   | \$8.75               |                                |
|   |   | 27 #202                           |                               | · · ·                | -5Certifcate of Status Desired  | Fee Re               |                                |
| City & State  |   | City & State                      |                               |                      | 6. Election Campaign Financing  | \$5.00               | May Be                         |
| 23  |   | 28 Bonita Sp                      | rings                         |                      | Trust Fund Contribution   |                      | to Fees                        |
| Zip   | Country   | Zip341.34                         | Country U.S.                  |                      | 8. This corporation owes the current year   |                      |                                |
| 24  | 25  | 29                                | <sub>0</sub> 45.              |                      | Personal Property Tax.  | ☐ Yes                | □No                            |
|   | 9. Name and Address of Current  | Registered Agent                  | 81 Name                       |                      | 10. Name and Address of New Registere   | d Agent              |                                |
| 202<br>BON<br>11. Pursuant<br>office or re<br>agent. I as | ITA SPRINGS FL 33923 to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation | f Florida. Such change was auti   | horized by the corp           | d corpor<br>poration | Fration submits this statement for the purpose is board of directors. I hereby accept the app | of changing its      | Code<br>registered<br>gistered |
| SIGNATURE   | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE: R | egistered Agent signature     | required v           |   |                      |                                |
| 12.   | OFFICERS AND  |                                   | 13.                           | 1                    | ADDITIONS/CHANGES TO OFFICERS   |                      | ORS IN 12 Addition             |
| TITLE   | P   | ☐ DELETE                          | 1.1 TITLE                     |                      |   | `                    | _                              |
| NAME  | MACKENZIE, RODERICK L.  |                                   | 12 NAME                       | 2/                   | ackenzie, Eila K.  b Barefoot Beach Blood  Barefoot Beach Blood                               | Bluda                | 202                            |
| STREET ADDRESS  | 260 LELY BEACH BLVD, 202  |                                   | 1.3 STREET ADDRESS            | 20                   | عدالع   | 4                    |                                |
| CITY-ST-ZIP   | BONITA SPRINGS FL   | ☐ DELETE                          | 1.4 CITY-ST-ZIP               |                      | 34,2  | Thanna               | Addition                       |
| ππιε  | VP  | ☐ DELETE                          | 2.1 TITLE                     | M                    | Lebenzie Eila K.  | (E) Cilarigo         |                                |
| NAME  | MACKENZIE, EILAK  |                                   | 2.2 NAME                      | 26                   | Broefrot Beach Bl   | 1d 202               | ,                              |
| STREET ADDRESS  | 260 LELY BEACH BLVD. 202  | <del></del>                       | 2.3 STREET ADDRESS            | 200                  | 34134   |                      |                                |
| CITY-ST-ZIP   | BONITA SPRINGS FL   | □ DELETE                          | 2.4 CITY-ST-ZIP<br>3.1 TITLE  |                      |   | <br>☐ Change         | Addition                       |
| TITLE   |   | [] DELETE                         | 3.2 NAME                      |                      | •   |                      |                                |
| NAME  |   |                                   |                               |                      | •   |                      |                                |
| STREET ADDRESS  |   |                                   | 3 3 STREET ADDRESS            | `\                   |   |                      |                                |
| CITY-ST-ZIP<br>TITLE                                      |   | ☐ DELETE                          | 3.4. CITY-ST-ZIP<br>4.1 TITLE |                      |   | Change               | Addition                       |
| NAME  |   |                                   | 4. 2 NAME                     |                      |   |                      |                                |
| STREET ADDRESS  |   |                                   | 4.3 STREET ADDRESS            | J                    |   |                      |                                |
| CITY-ST-ZIP   |   |                                   | 4.4 CITY-ST-ZIP               | <b>^</b>             | ,   |                      |                                |
| TITLE   |   | ☐ DELETE                          | 5.1 TITLE                     |                      |   | Change               | . Addition                     |
| NAME  |   |                                   | 5.2 NAME                      |                      | •   |                      |                                |
| STREET ADDRESS  |   |                                   | 5.3 STREET ADDRESS            | 3                    |   |                      | )                              |
| CITY-ST-ZIP   |   |                                   | 5.4 CITY-\$T-ZIP              |                      |   |                      |                                |
| TITLE   |   | ☐ DELETE                          | 6.1 TITLE                     |                      |   | ☐ Change             | Addition                       |
| NAME  |   |                                   | 6.2 NAME                      |                      |   |                      |                                |
| STREET ADDRESS  |   |                                   | 6.3 STREET ADDRESS            | 5                    |   |                      |                                |
|   |   |                                   | CACITY ST 7ID                 | 1                    |   |                      |                                |

14. I hereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/16/99

Daytime Phone #