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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9700000925 (2)

JOHN W. MACKENZIE, INCORPORATED

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business 209 VICTOR AVENUE TORONTO, ONTARIO, CANADA M4K -1B3	Mailing Address 209 VICTOR AVENUE TORONTO, ONTARIO, (CANADA M4k					
				3. Date Incorporated or Qualified 12/31/1996	d 3a. D	ate of Last R	leport
Principal Place of Business	2a, Mailing Address 26			4. FEI Number 65-0719664			oplied For
Suite, Apr. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional equired
City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
7:p Country 24 25	Z ₁ p	30 Co	untry	This corporation has liability f Florida Statutes	or intangible		
g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New	Registered	Agent	
CORPORATION SERVICE COMPAN	IY		81 Name				
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82 Street Add	fress (P.O. Box Number is Not Accep	table)		
			83				
			84 City			85 Zip	Code
11, Pursuant to the provisions of Sections 607.0	1500 and 607 1500 Florida C	tatutaa the s	how somed our	morning submits this statement for th	FL	- Lobanaina i	te registered
CHECK LATER STATE							
	AND DIRECTORS	13.		ulted when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN		
Signature typeo or primed name of registred 12. OFFICERS A TRUE D		13. 1.1.1				D DIRECTOR	RS IN 12
Egrature types or printed name of registred 12. OFFICERS A THUE D	AND DIRECTORS	13. 1.11 1.21	TITLE				
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4. 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 am officer or director of the corporation of 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 changes, or on an appear with an address.

SIGNATURE

NATURE AND THE OR PRINTED NAME OF SIGNATO OFFICER OR CHREC

4/22/9

Daytime Phone 4 0012606