

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90045 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000017235

1. Corporation Name

MCKENZIE'S HOME IMPROVEMENT CORPORATION

Principal Place of Business
1139 N.W. 17TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address
1139 N.W. 17TH AVENUE
FT. LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2141 NW 82 WAY SUNRISE FL 33322		2a. Mailing Address 26 2141 NW 82 WAY SUNRISE FL 33322		3. Date Incorporated or Qualified 02/23/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number EIN 65-0810957	
City & State 23 SUNRISE FL		City & State 28 SUNRISE FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33322		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCKENZIE, WAYNE 1139 N.W. 17TH AVENUE FT. LAUDERDALE FL 33311		29 33322		30 U.S.A.	
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.		10. Name and Address of New Registered Agent 81 Name WAYNE MCKENZIE 82 Street Address (P.O. Box Number is Not Acceptable) 2141 NW 82 WAY 83 84 City SUNRISE FL 85 Zip Code 33322		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE WAYNE MCKENZIE DIRECTOR

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	D	1.1 TITLE	D
NAME	MCKENZIE, WAYNE	1.2 NAME	WAYNE MCKENZIE
STREET ADDRESS	1139 N.W. 17TH AVENUE	1.3 STREET ADDRESS	2141 NW 82 WAY
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	D	2.1 TITLE	D
NAME	MCKENZIE, MICHELLE	2.2 NAME	MICHELLE MCKENZIE
STREET ADDRESS	1139 N.W. 17TH AVENUE	2.3 STREET ADDRESS	2141 NW 82 WAY
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: WAYNE MCKENZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99

Date

954-462-4502

Daytime Phone #

CR2E034 (11/98)