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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P98000103610

SYLVIA MCKENZIE, INC.

Principal Place of Business Mailing Address							, ,,,,,,	
			95 SO. GULFVIEW BLVD.#301 LEARWATER BEACH FL 33767					
					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						12/11/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
26					59-3552744		Not Applicable	
			, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22		27 City 8 St	City & State			6. Election Campaign Financing	\$5.0	0 May Be
City & State	e 	28	atc			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		Country	•	8. This corporation owes the current ye		Mar.
<b>!</b> 4	25	29	30	<u> </u>		Personal Property Tax.	☐Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New Regis	ered Agent	
HOFSTRA, PETER T				81	Name			
8640 SEMINOLE BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SEMINOLE FL 33772				83				
				84	City		FL 85 Zi	p Code
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statern familiar with, and accept the oblig	e of Florida. Such c	nange was auth	onzea by	the corporat	poration submits this statement for the purp- ion's board of directors. I hereby accept the	se of changing appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable	(NOTE: Re	gistered Ager	nt signature requir	red when reinstating) Di	ATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	D		DELETE	11 TITLE			Chang	e 🔲 Addition
NAME	MCKENZIE, SYLVIA			12 NAME	}			
				TADDRESS				
	CLEARWATER BEACH FL 337			1.4 CITY-S				
CITY-ST-ZIP	CECARWATER BEACTITE 337		DELETÉ	2.1 TITLE	1-211-		[ ] Chang	e Addition
TITLE		•		2.2 NAME	İ			
NAME							1	
STREET ADDRESS					TADDRESS	,	s <del>-</del>	
CITY-ST-ZIP			7 pr. ere	2. 4 CITY- S	ST-ZIP	·	Chang	ie Addition
TITLE	i	L	DELETE	3.1 TITLE			Criang	e
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS	,		
CITY-ST-ZIP				3 4, CITY-5	ST-ZIP	<u>-</u>		
TITLE		[	] DELETE	4.1 TITLE			☐ Chang	e Addition
NAME				4. 2 NAME				}
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	iT-ZIP	<u></u>		
TITLE		[	DELETE	5.1 TITLE			☐ Chang	ge 🔲 Addition
NAME				5.2 NAME				ļ
STREET ADDRESS				5.3 STREE	TADORESS			İ

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

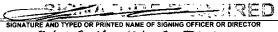
6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

NAME



DELETE

☐ Change

☐ Addition

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90078 019 \*\*\*150.00