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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45966** (6)

1. Corporation Name

MCKENZIE FINANCIAL SERVICE, INC.



Principal Place of Business

**3520 W. BROWARD BLVD.
SUITE 215
FT. LAUDERDALE FL 33312**

Mailing Address

**3520 W. BROWARD BLVD.
SUITE 114
FT. LAUDERDALE FL 33312
US**

3. Date Incorporated or Qualified

04/17/1991

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKENZIE, LIPTON Z
3520 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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

Signature typed or printed name of registered agent, if other than principal

Signature typed or printed name of registered agent, if other than principal

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
MCKENZIE, LIPTON Z.
3520 W. BROWARD BLVD.
FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

**D
BENGOCHEA, AMADOR A
3520 SW BROW. BLVD
FT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

**D
TEICH, LORETTA
3520 W. BROWARD BLVD.
FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

7.1 TITLE ☐ Change ☐ Addition

8.1 TITLE ☐ Change ☐ Addition

9.1 TITLE ☐ Change ☐ Addition

10.1 TITLE ☐ Change ☐ Addition

11.1 TITLE ☐ Change ☐ Addition

12.1 TITLE ☐ Change ☐ Addition

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28.1 TITLE ☐ Change ☐ Addition

29.1 TITLE ☐ Change ☐ Addition

30.1 TITLE ☐ Change ☐ Addition

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:

Lipton Z. McKenzie Lipton Z. McKenzie President 2/19/96 305-583-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)