

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P05963 (4)**

1. Corporation Name

**MACKENZIE INVESTMENT MANAGEMENT INC.**



Principal Place of Business

Mailing Address

**700 S. FEDERAL HWY.  
 SUITE 300  
 BOCA RATON FL 33432**

**700 S. FEDERAL HWY.  
 SUITE 300  
 BOCA RATON FL 33432**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

**05/10/1985**

3a. Date of Last Report

**03/08/1995**

4. FEI Number

**59-2522153**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 type for current and registered agent and this if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>TD</b>	
NAME	<b>CARLSON, KEITH J.</b>	
STREET ADDRESS	<b>700 S FEDERAL HWY #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	
NAME	<b>LANDRY, MICHAEL</b>	
STREET ADDRESS	<b>700 S FEDERAL HWY #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>V</b>	
NAME	<b>BROADFOOT, JAMES</b>	
STREET ADDRESS	<b>700 S. FEDERAL HWY. STE. 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>DSTV</b>	
NAME	<b>FERRIS, WILLIAM C</b>	
STREET ADDRESS	<b>7000 SO FEDERAL HWY, STE 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>V</b>	
NAME	<b>FERRIS, LESLIE</b>	
STREET ADDRESS	<b>700 S. FEDERAL HWY. STE. 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	<b>VD</b>		
12 NAME	<b>Carlson, Keith</b>		
13 STREET ADDRESS	<b>700 S. Federal Hwy #300</b>		
14 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>		
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<b>VD</b>		
32 NAME	<b>Broadfoot, James</b>		
33 STREET ADDRESS	<b>700 S. Federal Hwy #300</b>		
34 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>		
41 TITLE	<b>STV</b>		
42 NAME	<b>Ferris, William C.</b>		
43 STREET ADDRESS	<b>700 S. Federal Hwy #300</b>		
44 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>		
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	<b>V</b>		
62 NAME	<b>Trebbi, Barbara</b>		
63 STREET ADDRESS	<b>700 S. Federal Hwy. # 300</b>		
64 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>		

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 617, Florida Statutes, and that my name appears in Block 12, Block 13, if changed, or on an attachment with an address

SIGNATURE: *C. William Ferris* **C. William Ferris** 407-393-8900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/1/96

CR2E034 (3/96)