


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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039109 (2)
 1. Corporation Name
IVY MACKENZIE SERVICES CORP.



Principal Place of Business 700 S. FEDERAL HWY. SUITE 700 BOCA RATON FL 33432	Mailing Address 700 S. FEDERAL HWY. SUITE 700 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1993	
21	26	4. FEI Number 65-0417838		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent FERRIS, C. WILLIAM 798 S. FEDERAL HWY. SUITE 201 BOCA RATON FL 33432				10. Name and Address of New Registered Agent	
				81 Name	Ferris C. William
				82 Street Address (P.O. Box Number Is Not Acceptable)	700 S. Federal Hwy
				83	Suite 300
				84 City	BOCA RATON FL
				85 Zip Code	33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, C. WILLIAM	1.2 NAME	
STREET ADDRESS	700 S. FEDERAL HWY., SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, C. WILLIAM	2.2 NAME	William C. Ferris
STREET ADDRESS	700 S FEDERAL HWY, SUITE 300	2.3 STREET ADDRESS	700 S. Federal Hwy, Suite 300
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, KEITH J	3.2 NAME	Keith J. Carlson
STREET ADDRESS	700 S. FEDERAL HWY., SUITE 300	3.3 STREET ADDRESS	700 S. Federal Hwy, Suite 300
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINSON, MONICA	4.2 NAME	Michael C. Landry
STREET ADDRESS	700 S FEDERAL HWY STE 300	4.3 STREET ADDRESS	700 S. Federal Hwy, Suite 300
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDVIN, RICK	5.2 NAME	Rick Medvin
STREET ADDRESS	700 S FED HWY STE 300	5.3 STREET ADDRESS	700 S. Federal Hwy., Suite 300
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, BILL	6.2 NAME	
STREET ADDRESS	700 S FEDERAL HWY, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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)(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.

SIGNATURE: *A. C. [Signature]* **URGENT REQUIRED** 1-15-98 561-393-8900

CR2E034 (10/97)