

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24629 (8)**

1. Corporation Name

MCGREGOR POINTE PROPERTIES, INC.



Principal Place of Business: %CORPORATION TRUST COMPANY, 1209 ORANGE STREET, WILMINGTON DE 19801
Mailing Address: %CORPORATION TRUST COMPANY, 1209 ORANGE STREET, WILMINGTON DE 19801

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	06/07/1989	3a. Date of Last Report	05/01/1995
4. FEI Number	04-3060195	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	City
84	City
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 and date of appointment

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKELLER, MARK J.	1.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, ROBERT G	2.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	2.4 CITY - ST - ZIP	
TITLE	VDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIETBOHL, PATRICIA A	3.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASLER, DIANE L	4.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VD
STREET ADDRESS		5.3 STREET ADDRESS	Benning, John A.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	1209 Orange Street
TITLE		6.1 TITLE	Wilmington, DE
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Patricia A. Tietbohl *Patricia A. Tietbohl* 3-29-96 617-722-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (12/95)