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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 19801-1120

3. Date Incorporated or Qualified: 06/07/1989
3a. Date of Last Report: 04/05/1996
4. FEI Number: 04-3060195
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 27)
City & State (23, 28)
Zip (24, 29)
Country (25, 30)

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 (81-85)

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WINKELLER, MARK J.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNING, JOHN A.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	TIETBOHL, PATRICIA A	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BASLER, DIANE L	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See attached statement

14. I do 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: *Karen Lacey* KAREN LACEY 4/24/97 (617) 891 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ATTACHMENT TO DOCUMENT # P24629 (8)

MCGREGOR POINTE PROPERTIES, INC.
FEI NUMBER: 04-3060195

ITEM 13:

1.1 TITLE	P / D	ADDITION
1.2 NAME	MARINELLA, SABINO	
1.3 ADDRESS	1209 ORANGE STREET	
1.4 CITY, ST ZIP	WILMINGTON, DE	
2.1 TITLE	S (ASSISTANT) / D	CHANGE (2.1)
2.2 NAME	BENNING, JOHN A.	
2.3 ADDRESS	1209 ORANGE STREET	
2.4 CITY, ST ZIP	WILMINGTON, DE	
3.1 TITLE	V / D	ADDITION
3.2 NAME	MCCARTHY, JOHN	
3.3 ADDRESS	1209 ORANGE STREET	
3.4 CITY, ST ZIP	WILMINGTON, DE	
4.1 TITLE	V / D	ADDITION
4.2 NAME	MOCERI, ANTHONY	
4.3 ADDRESS	1209 ORANGE STREET	
4.4 CITY, ST ZIP	WILMINGTON, DE	
5.1 TITLE	S	ADDITION
5.2 NAME	GILVAR, BARRY	
5.3 ADDRESS	1209 ORANGE STREET	
5.4 CITY, ST ZIP	WILMINGTON, DE	
6.1 TITLE	T	ADDITION
6.2 NAME	LACOY, KAREN	
6.3 ADDRESS	1209 ORANGE STREET	
6.4 CITY, ST ZIP	WILMINGTON, DE	
7.1 TITLE	D	ADDITION
7.2 NAME	GRUHL, ROBERT	
7.3 ADDRESS	1209 ORANGE STREET	
7.4 CITY, ST ZIP	WILMINGTON, DE	
8.1 TITLE	D	ADDITION
8.2 NAME	MANSFIELD, CHRIS	
8.3 ADDRESS	1209 ORANGE STREET	
8.4 CITY, ST ZIP	WILMINGTON, DE	

Carver