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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90129 009 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P24629**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/c LHG Suite, Apt. #, etc. 22 13 Riverside Rd. City & State 23 Weston, MA Zip 24 02493	25 Country	2a. Mailing Address 26 c/o LHG Suite, Apt. #, etc. 27 13 Riverside Rd. City & State 28 Weston, MA Zip 29 02493	30 Country
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3. Date Incorporated or Qualified 06/07/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 04-3060195	
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARINELLA, SABINO	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENNING, JOHN A.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LACOY, KAREN	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOCERI, ANTHONY	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILVAR, BARRY	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VT
3.3 STREET ADDRESS	Kallander, Karen L.
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	

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, with all other like empowered.

SIGNATURE: Karen L. Kallander Date: 4/20/99 Daytime Phone #: 607-243-7942

CR2E034 (11/98)