

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

FILED

May 01 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 # 562775

(7)

1. Corporation Name

MCALPINE PARK LANE, INC.

Principal Place of Business

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 33940
US

Mailing Address

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 34102-6488
US

3. Date Incorporated or Qualified

03/16/1978

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34102

29 30

4. FEI Number

59-1874368

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

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDC
NAME WANKLYN, JOHN A
STREET ADDRESS 1100 SOUTH 5TH AVE #201
CITY- ST- ZIP NAPLES FL

☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE SD
NAME PERRONE, STEPHEN L
STREET ADDRESS 201 S BISCAYNE BLVD
CITY- ST- ZIP MIAMI, FL 00000

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME PICKEL, GARY
STREET ADDRESS 1100 SOUTH 5TH AVE #201
CITY- ST- ZIP NAPLES FL

☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

TITLE AS
NAME DEARMAS, LUIS A
STREET ADDRESS 201 S BISCAYNE BLVD
CITY- ST- ZIP MIAMI, FL 00000

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)