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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F47234** (2)

1. Corporation Name
MCALPINE (IMMOKALEE ROAD), INC.

Principal Place of Business: **5820 N. FEDERAL HWY., SUITE B BOCA RATON FL 33487**

Mailing Address: **5820 N. FEDERAL HWY., SUITE B BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/01/1981		3a. Date of Last Report 01/20/1994	
4. FEI Number 59-2144710		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No			

2. Principal Place of Business

21 1100 5TH AVE SO.	26 1100 5TH AVE SO.
22 201	27 201
23 NAPLES, FL	28 NAPLES, FL
24 33940 U.S.	29 33940 U.S.

9. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JOHNSON, W JOHN
STREET ADDRESS	5820 NORTH FED HWY
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	S
NAME	PERRONE, STEPHEN L
STREET ADDRESS	201 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	PD
NAME	PICKEL, GARY R.
STREET ADDRESS	5820 NORTH FED HWY
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	AS
NAME	DURANSEAU, R. (ASST)
STREET ADDRESS	5820 N. FED. HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	WANKLYN, JOHN A.
STREET ADDRESS	1100 5TH AVE SO. #201
CITY - ST - ZIP	NAPLES, FL 33940
TITLE	
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	} delete
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	
3.3 STREET ADDRESS	1100 5TH AVE SO #201
3.4 CITY - ST - ZIP	NAPLES, FL 33940
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	} delete
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *John A. Wanklyn* / *John A. Wanklyn*

813-649-5445