

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 # F47234 (2)
 1. Corporation Name
MCALPINE (IMMOKALEE ROAD), INC.



Principal Place of Business: 1100 5TH AVE. SO. 201 NAPLES FL 33940 US
 Mailing Address: 1100 5TH AVE., SO. 201 NAPLES FL 34102-6488 US

3. Date Incorporated or Qualified: 10/01/1981
 3a. Date of Last Report: 05/01/1996
 4. FEI Number: 59-2144710
 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 (21-23): Suite, Apt. #, etc.; City & State; Zip (24): 34102
 2a. Mailing Address (26-28): Suite, Apt. #, etc.; City & State; Zip (29):
 Country (25, 30):

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
 85 Zip Code: FL

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)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PERRONE, STEPHEN L	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PICKEL, GARY R.	
STREET ADDRESS	1100 5TH AVE SO #201	
CITY - ST - ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WANKLYN, JOHN A.	
STREET ADDRESS	1100 5TH AVE. SO. # 201	
CITY - ST - ZIP	NAPLES FL	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Connor, Sylvia	
1.3 STREET ADDRESS	7505 SAN MIGUEL WAY	
1.4 CITY - ST - ZIP	NAPLES, FL 34109	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	34102	
4.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEPAUW, ANJA	
4.3 STREET ADDRESS	4921 22ND AVE SW	
4.4 CITY - ST - ZIP	NAPLES, FL 34116	
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 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: *John A. Wanklyn* 4-25-97 941-649-5445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR Date Daytime Phone #

CR2E034 (9/96)