

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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)

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	

