## 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

## DOCUMENT # P94000065640 (2)

MCGREGOR PROPERTIES, INC.

Principal Plac 2180 WEST FIR FORT MYERS F US	RST STREET	Mailing Address 2180 WEST FIRST STREET SUITE 500 FT. MYERS FL 33901-3217						
		US			<ol><li>Date Incorporated or Qualifit</li><li>09/01/1994</li></ol>		Date of Last R 5/01/1996	eport
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0586855	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	ı 🗆	\$8.75 A	Additional	
City & State		City & State		6. Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip	Country 25	7ip	Count	y ·	This corporation has liability     Florida Statutes			
	9. Name and Address of Currer		_1901		10. Name and Address of Nev			
DAV	IES, CHRISTOPHER N		8	Name				
1415	HENDRY ST AYERS FL 33901		8:	Street Ado	Bress (P.O. Box Number is Not Acce	ptable)		
FIN	MICHO IL SOSVI		8	3 ,	_	<u> </u>		
}			8-		TE Z		<b>85</b> Zip (	Code
				1-7	MYERS	FI	L 133	3907
I office or r	to the provisions of Soctions 607.050 registered agent, or both, in the State	ol Florida. Such change was	s authorized l	by the corpora	poration submits this statement for tation's board of directors. I hereby a	he purpose ccept the ar	of changing it	s registered registered
agent. La	im familiar with, and accept the oblig	ations of, Section 607.0505, f	Florida Statut	es	ŕ	, ,		Ť
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (N	OTE Hegister, d.A.	gent signature regu	ired when reinstaling)	DATE		
12.	OFFICERS AN	D DIRECTORS	13,		ADDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTOR	IS IN 12
TITLE	D	DELETE	11 THLE				Change	Addition
NAME	BALFRY, RICHARD		1.2 NAME					
STREET ADDRESS	2180 WEST FIRST STREET FT. MYERS FL			ET ADDRESS				
CITY-ST-ZIP	D D	DELETE	. 14 City 21 Tille				Change	Addition
NAME	BROMWICH, STEPHEN J.		2.7 MAM				Li Ollarigo	L_I Addition
STREET ADDRESS	2180 WEST FIRST STREET			ET ADDRESS				
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY					
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAMI					
STREET ADDRESS			3.3 STHE	ET ADDRESS				
CITY-ST-ZIP			3.4. DITY				- <del>                                    </del>	<b></b>
TITLE		☐ DELETE	4.1 TITLE	J			L. Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CHY 5.1 THLE				Change	Addition
NAME		C 2000	5.2 NAMI	ſ			La Stango	CT MONITOR
STREET ADDRESS				ET ADDRESS				
CiTY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	611111				Change	Addition
NAME			6.2 NAM	:				
STREET ADDRESS			6.3 STRE	E1 ADDRESS				
CITY-ST. 7IP			RAIDITY	. S1. 7IP				

I do hereby certify that the infinformation indicated on this at am an officer or director of the appears in Block 12 or Block

In supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the open or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that portion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

May 14 1997 8:00am

Secretary of State