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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101095 (3)
 1. Corporation Name
IRMA R. MACGREGOR ENTERPRISES, INC.



Principal Place of Business 356 N.W. ALICE AVENUE STUART FL 34994	Mailing Address 356 N.W. ALICE AVENUE STUART FL 34994-1049
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2. Principal Place of Business 21 287 SW LANGFIELD AVE Suite, Apt. #, etc.	2a. Mailing Address 26 287 SW LANGFIELD AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/13/1996	3a. Date of Last Report
22	27	4. FEI Number 65-0715654	Applied For Not Applicable
23 City & State PORT ST. LUCIE FL	28 City & State PORT ST. LUCIE FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34984	25 Country USA	29 Zip 34984	30 Country USA
9. Name and Address of Current Registered Agent MACGREGOR, IRMA R 356 N.W. ALICE AVENUE STUART FL 34994		10. Name and Address of New Registered Agent	

81 Name MACGREGOR, IRMA R	
82 Street Address (P.O. Box Number is Not Acceptable) 287 SW LANGFIELD AVE	
83	
84 City PORT ST. LUCIE FL	85 Zip Code 34984

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: *Irma R. Macgregor* **IRMA R. MACGREGOR** **2-17-97**
Signature typed or printed name of registered agent available. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	NAME MACGREGOR, IRMA R	1.1 TITLE PS	1.1 NAME MACGREGOR, IRMA R
STREET ADDRESS 356 N.W. ALICE AVENUE	CITY-ST-ZIP STUART FL 34994	1.3 STREET ADDRESS 287 SW LANGFIELD AVE	1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984
TITLE TD	NAME MACGREGOR, IRMA R	2.1 TITLE TD	2.1 NAME MACGREGOR, IRMA R
STREET ADDRESS 356 N.W. ALICE AVENUE	CITY-ST-ZIP STUART FL 34994	2.3 STREET ADDRESS 287 SW LANGFIELD AVE	2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34984
TITLE	NAME	3.1 TITLE	3.1 NAME
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.2 STREET ADDRESS
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.1 NAME
TITLE	NAME	4.2 NAME	4.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 STREET ADDRESS
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.1 NAME
TITLE	NAME	6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	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: *Irma R. Macgregor* **IRMA R. MACGREGOR** **2-17-97** (86)785-9006
Signature typed or printed name of officer or director Date Daytime Phone # 0010179

CR2E034 (9/96)