

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S09016 (4)**

1. Corporation Name

**MCDERMOTT REALTY OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

~~440 ROYAL PALM WAY~~  
~~S-203~~  
~~PALM BCH FL 33480~~

~~440 ROYAL PALM WAY~~  
~~S-203~~  
~~PALM BCH FL 33480~~

3. Date Incorporated or Qualified

**10/19/1990**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 434 Chilean**

**26 434 Chilean**

4. FEI Number

**65-0261541**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Palm Beach, Florida**

**28 Palm Beach, Florida**

Zip Country

Zip Country

**24 33480**

**25**

**29 33480**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES, INC.  
11780 US HWY. ONE  
S-300  
N PALM BCH. FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, GEORGE T.	
STREET ADDRESS	440 ROYAL PALM WAY S-203	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, GEORGE T.	
STREET ADDRESS	440 ROYAL PALM WAY S-203	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, JOSEPH M.	
STREET ADDRESS	440 ROYAL PALM WAY S-203	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MECKS, THOMAS	
STREET ADDRESS	23 LAKEVIEW PARK RD	
CITY-ST-ZIP	COLONIAL HTS VA 23834-1659	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	MECKS, CAROLYN A.	
STREET ADDRESS	5025 25 AVE NE Suite 104	
CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORSTMANN, JOHN F	
STREET ADDRESS	908 OAK RIDGE	
CITY-ST-ZIP	ROSEMONT PA 19010	

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HORSTMANN, HELEN MARY	
1.3 STREET ADDRESS	908 OAK RIDGE	
1.4 CITY-ST-ZIP	ROSEMONT, PA 19010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MECKS, CAROLYN A.	
5.3 STREET ADDRESS	5025 25 AVE NE S-104	
5.4 CITY-ST-ZIP	SEATTLE WA 98105	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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 119.07(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:** Carolyn Ann Meeks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96  
Date

5272704  
(206) 527-2704  
Telephone No.

CR2E034 (12/95)