

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

FILED

Apr 17 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 # S55476 (3)

1. Corporation Name
MC GARRY PROPERTIES MANAGEMENT, INC.

Principal Place of Business
24 NORTH LOXAHATCHEE DRIVE
JUPITER FL 33458
MOVED

Mailing Address
24 NORTH LOXAHATCHEE DRIVE
JUPITER FL 33458-3547
MOVED



3. Date Incorporated or Qualified 05/28/1991
3a. Date of Last Report 04/19/1996

2. Principal Place of Business
21 220 Hibiscus Street
Suite, Apt. #, etc.

2a. Mailing Address
26 220 Hibiscus St
Suite, Apt. #, etc.

4. FEI Number 65-0263428
Applied For
Not Applicable

22 City & State
23 JUPITER FL
24 33458
25 PAUM BEACH

27 City & State
28 JUPITER FL
29 33458
30 PAUM BEACH

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

9. Name and Address of Current Registered Agent
MC GARRY, STEPHEN
24 NORTH LOXAHATCHEE DRIVE
JUPITER FL 33458

10. Name and Address of New Registered Agent
81 Name MCGARRY STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable) 220 Hibiscus St.
83
84 City JUPITER FL 85 Zip Code 33458

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) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D MC GARRY, STEPHEN
NAME 24 N. LOXAHATCHEE DR.
STREET ADDRESS JUPITER FL
CITY-ST-ZIP
TITLE P KEIRSTEAD, JO ANN
NAME 10874 S.E. SEA PINES CIR
STREET ADDRESS HOBE SOUND FL
CITY-ST-ZIP
TITLE P MCGARRY-KEIRSTEAD JOANN
NAME 5375 SE SERENOA TERRACE
STREET ADDRESS HOBE SOUND FL
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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: *Jo Ann Keirstead McGarry* 4-12-97 561-744-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)