

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

**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 852979 (4)**  
1. Corporation Name  
**VICEROY HOMES, INC.**

Principal Place of Business: **% THE CORPORATION COMPANY, 30 MELFORD DRIVE, SCARBOROUGH ONTARIO, CO**  
Mailing Address: **615 GRISWOLD ST, DETROIT MI 48226-3404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1982**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **38-1799784**  
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: **30600 Telegraph Road, Bingham Farms, MI, 48025 U.S.**

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: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>LINDAL, GAYLORD G</b>
STREET ADDRESS	<b>14 BEAUMONT RD</b>
CITY- ST- ZIP	<b>TORONTO ONTARIO</b>
TITLE	<b>VP</b>
NAME	<b>LINDAL, CHRISTOPHER H</b>
STREET ADDRESS	<b>16 NORMANDALE CRESCENT</b>
CITY- ST- ZIP	<b>WILLOWDALE ONTARIO</b>
TITLE	<b>ST</b>
NAME	<b>SIMPSON, WILLIAM R</b>
STREET ADDRESS	<b>#1 CAWKERS COVE</b>
CITY- ST- ZIP	<b>PORT PERRY ONTARIO</b>
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	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 applicable, or on an attachment with an address.

SIGNATURE: **William R. Simpson** April 26, 1995 (416) 298-2200