

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 # F95000001305 (0)

1. Corporation Name

MERRITT ISLAND PROPERTIES, INC.

FILED

97 JUN 23 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

% ROYAL BANK OF CANADA
20 KING ST., WEST, 9TH FLOOR
TORONTO, ONTARIO M5H 1C4
CA

Mailing Address

c/o ROYAL BANK OF CANADA
1 FINANCIAL SQUARE
NEW YORK, NY 10005-3531
USA

2. Principal Place of Business

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip

Country

28 Zip

Country

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25

29

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3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

03/14/1996

4. FEI Number

98-0150471

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

9. Name and Address of Current Registered Agent

LAWRENCE, GREGORY K
% DEAN, MEAD, EGERTON, BLOODWORTH ET AL
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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: Fingerprinted Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEYNE, DOUG	
STREET ADDRESS	1281 OLD BRIDLEPATH	
CITY-ST-ZIP	OAKVILLE L6M1A-3	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEST, DEBORAH J	
STREET ADDRESS	569 BROADWAY AVE.	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COULAS, LEO J	
STREET ADDRESS	1244 RUSHBROOKE DR.	
CITY-ST-ZIP	OAKVILLE, ONTARIO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ABRAM, SAM L	
STREET ADDRESS	FINANCIAL SQUARE, 23RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005-3531	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRY MCCABE	
1.3 STREET ADDRESS	ROYAL BANK OF CANADA	
1.4 CITY-ST-ZIP	FINANCIAL SQUARE NEW YORK, NY 10005	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NORMAN G. MILLAR	
2.3 STREET ADDRESS	ROYAL BANK OF CANADA	
2.4 CITY-ST-ZIP	1 FINANCIAL SQUARE NEW YORK, NY 10005	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	R. JAMES RANKIN	
3.3 STREET ADDRESS	ROYAL BANK OF CANADA	
3.4 CITY-ST-ZIP	FINANCIAL SQ, NY 10005	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 in person; 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, changed, or on an attachment with an address.

SIGNATURE

LEO J. COULAS
VICE-PRESIDENT
9/97 416 974-3318

CR2E034 (9/96)