

**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 # **F95000001633 (5)**

1. Corporation Name

**CHAPEL HILL SECURITIES, INCORPORATED**

Principal Place of Business

**4859 DOVER CENTER RD.  
SUITE 11  
NORTH OLMSTED OH 44070-0630**

Mailing Address

**P.O. BOX 630  
NORTH OLMSTED OH 44070-0630**



3. Date Incorporated or Qualified

**04/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADY, ROBERT J  
2158 SHADY HILL TER.  
WINTER PARK FL 32792**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PTD  
BRADY, MICHAEL C  
4859 DOVER CENTER RD.  
NORTH OLMSTED OH 44070**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
BAIR, JOHN H  
4859 DOVER CENTER RD.  
NORTH OLMSTED OH 44070**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
**V D  
BAIR, JOHN H.  
4859 DOVER CENTER RD.  
NORTH OLMSTED, OH 44070**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**S  
KNOX, RICHARD M  
HALL BUILDING, NINTH FLOOR  
CLEVELAND OH 44115**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BRADY, LISA B  
4859 DOVER CENTER RD.  
NORTH OLMSTED OH 44070**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BRADY, ROBERT J  
2158 SHADY HILL TER.  
WINTER PARK FL 32792**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
**D  
TIMOTHY F. BROWN  
2055 WEST MARKET STREET  
AKRON, OH 44334**

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:

**MICHAEL C. BRADY, PRES**

**1/17/96 (216) 734-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)