

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

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**Jan 15 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 # 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 **01/23/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		34-1690588		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30		USA			

9. Name and Address of Current Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, MICHAEL C	1.2 NAME	BAIR, JOHN H
STREET ADDRESS	4859 DOVER CENTER RD.	1.3 STREET ADDRESS	4859 DOVER CENTER RD
CITY-ST-ZIP	NORTH OLMSTED OH 44070	1.4 CITY-ST-ZIP	NORTH OLMSTED, OH 44070
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIR, JOHN H	2.2 NAME	BIXLER, J. MICHAEL
STREET ADDRESS	4859 DOVER CENTER RD.	2.3 STREET ADDRESS	4859 DOVER CENTER RD.
CITY-ST-ZIP	NORTH OLMSTED OH	2.4 CITY-ST-ZIP	NORTH OLMSTED, OH 44070
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTH, RICHARD M	3.2 NAME	BROWN, TIMOTHY F.
STREET ADDRESS	HALLE BUILDING, NINTH FLOOR	3.3 STREET ADDRESS	3810 RIDGEWOOD ROAD
CITY-ST-ZIP	CLEVELAND OH 44115	3.4 CITY-ST-ZIP	AKRON, OH 44321
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BROWN TIMOTHY F	4.2 NAME	
STREET ADDRESS	2855 WEST MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *J. Michael Bixler* - **J. MICHAEL BIXLER** 1/15/97 (216) 734-8900

CR2E034 (9/96)