

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **J76170** (6)

1. Corporation Name:  
**FANNING/HOWEY ASSOCIATES OF FLORIDA, INC.**

95 MAY -1 AM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **540 EAST MARKET STREET P.O. BOX 71 CELINA OH 45822**  
Mailing Address: **540 EAST MARKET STREET P.O. BOX 71 CELINA OH 45822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created <b>06/05/1987</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>34-1557301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has elected to pay corporate tax under S. 1367 (S.C.) Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc. 22. City & State 23. City & State 24. City & State	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. City & State 29. City & State
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9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	<b>FL</b>
B5. Zip Code	

11. I, the undersigned, being duly sworn to, certify that I am the duly authorized representative of the corporation named herein, and I hereby accept the appointment as registered agent of the corporation named herein, and I agree to accept the appointment as registered agent of the corporation named herein, and I agree to accept the appointment as registered agent of the corporation named herein.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																														
<table border="1"> <tr> <td>NAME</td> <td>PD FANNING, RONALD H. 540 E. MARKET ST. CELINA OH</td> </tr> <tr> <td>NAME</td> <td>VD HOWEY, CLAIR E. 540 E. MARKET ST. CELINA OH</td> </tr> <tr> <td>NAME</td> <td>D DUNWOODY, THOMAS J. 540 E. MARKET ST. CELINA OH</td> </tr> <tr> <td>NAME</td> <td>O BROCKWAY, LEE J. 540 E. MARKET ST. CELINA OH</td> </tr> <tr> <td>NAME</td> <td>TD ROLFES, GARY 540 E MARKET ST CELINA OH</td> </tr> <tr> <td>NAME</td> <td>S MANNING, RAY 1400 CENTREPARK BLVD 700 W PALM BCH FL</td> </tr> </table>	NAME	PD FANNING, RONALD H. 540 E. MARKET ST. CELINA OH	NAME	VD HOWEY, CLAIR E. 540 E. MARKET ST. CELINA OH	NAME	D DUNWOODY, THOMAS J. 540 E. MARKET ST. CELINA OH	NAME	O BROCKWAY, LEE J. 540 E. MARKET ST. CELINA OH	NAME	TD ROLFES, GARY 540 E MARKET ST CELINA OH	NAME	S MANNING, RAY 1400 CENTREPARK BLVD 700 W PALM BCH FL	<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 1367 (S.C.) Florida Statutes. I further certify that the information indicated on the 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, the resident or trustee designated to complete the report as required by Chapter 607, Florida Statutes, and that the name appears on Block 1 of the Block and changed or corrected in Block 1 without addition.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J77800** (7)  
1. Corporation Name  
**SOUTH BREVARD MAINTENANCE COMPANY**

Principal Place of Business Mailing Address  
**490 N. HARBOR CITY BLVD  
P.O. BOX 1796  
MELBOURNE FL 32902**

RECEIVED  
MAY 11 1995  
CORPORATION  
DIVISION OF CORPORATIONS  
FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporation or Qualified	3a. Date of Last Report
21		26		06/11/1987	04/29/1994
22		27		4. FEI Number	Applied For
23		28		59-2838579	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		7. This corporation has liability for intangible tax under S. 196(1)(a) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNDERILL, H J III 490 N HARBOR CITY BLVD MELBOURNE FL 32935				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 607.04(2) 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 being authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of sections 607.04(2) and 607.1508, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR AGENTS	
OFFICER	PD UNDERILL, H.J. III 490 N. HARBOR CITY BLVD MELBOURNE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		2. STREET ADDRESS	
2. STREET ADDRESS		3. CITY AND STATE	
3. CITY AND STATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		5. STREET ADDRESS	
5. STREET ADDRESS		6. CITY AND STATE	
6. CITY AND STATE		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		8. STREET ADDRESS	
8. STREET ADDRESS		9. CITY AND STATE	
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51. CITY AND STATE		52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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84. CITY AND STATE		85. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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87. CITY AND STATE		88. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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90. CITY AND STATE		91. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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92. STREET ADDRESS		93. CITY AND STATE	
93. CITY AND STATE		94. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME		95. STREET ADDRESS	
95. STREET ADDRESS		96. CITY AND STATE	
96. CITY AND STATE		97. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
97. NAME		98. STREET ADDRESS	
98. STREET ADDRESS		99. CITY AND STATE	
99. CITY AND STATE		100. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption related to tax under 1997 Florida Statutes. I further certify that the information included on this annual report or subsequent annual report is true and correct and that this corporation shall have the same agent after I and shall continue until I am an officer or director of the corporation or until a new agent is designated to succeed me. This report is prepared by Chapter 607, Florida Statutes, and I shall only have a right to appear in 1998 F.S. or 1998 F.S. if I am designated as an officer or director.

SIGNATURE: **H. J. Underill III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407/242-2224

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J79045** (7)

1. Corporation Name  
**CHICADEE PROPERTIES, INC.**

Principal Place of Business: **12 NEWBRIDGE ROAD, ETOBICOKE, ONT., CANADA M8Z 2L7**  
Mailing Address: **12 NEWBRIDGE ROAD, ETOBICOKE, ONT., CANADA M8Z 2L7**

APPROVED AND FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc	26. State Apt # etc	06/22/1987	05/01/1994
22. City & State	27. City & State	4. FEI Number	Applied For
23. ZIP	28. ZIP	65-0077061	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. The corporation has liability for intangible tax under S. 199.037 Florida Statutes.	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC 1201 HAYS STREET TALLAHASSEE FL 32301		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. State	FL
		B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01(4) 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 this appointment as registered agent. I am female wife and a resident of the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
OFFICER	D PIERSANTI, CHRISTIAN R. 83 ROSSMULL CRESCENT WOODBIDGE, ONT., CAN.	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
ZIP		5. ZIP	
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
ZIP		10. ZIP	
OFFICER		11. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY & STATE		14. CITY & STATE	
ZIP		15. ZIP	
OFFICER		16. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY & STATE		19. CITY & STATE	
ZIP		20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information included 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 officer or director empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

416 231 7091