

CORPORATION  
 ANNUAL REPORT  
**1995**

 UNITED NATIONS  
 DEPARTMENT OF STATE  
 OFFICE OF THE SECRETARY  
 NEW YORK, N.Y. 10005

55 W 111 St. #1112 35

SECRET

(7)

**CHASEWOOD LAND DEVELOPMENT, INC.**

% DAVID H. BOOHER, III  
4024 HENDRICKS AVE.  
JACKSONVILLE FL 32207

1. The first group of people who are not allowed to enter the country are those who are on the "No Fly List". This list is maintained by the Federal Bureau of Investigation (FBI) and the Department of Homeland Security. It includes individuals who are considered a threat to national security, such as terrorists, spies, and other individuals who are involved in criminal activities.

11/20/1989

05/01/1994

59-298333 1

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**\$8.75 Additional  
Fee Required**

Election Campaigns Financing  
 Trust Fund Contributions

**\$5.00 May Be  
Added to Eggs**

☐ Yes ☒ No

10. Name and Address of New Registered Agent

21 2020 Hendricks Avenue

26. 2020 Itendricks Avenue

22

27. \_\_\_\_\_

27 JACKSONVILLE, FLORIDA

28 JACKSONVILLE, FLORIDA

3207 U.S.A.

|       |        |
|-------|--------|
| 32207 | U.S.A. |
|-------|--------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Page 17 of 17

|    |                |                                   |
|----|----------------|-----------------------------------|
| 82 | Street Address | Box Number or Post Office Address |
|----|----------------|-----------------------------------|

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FL

85 2011-01-01

11. Pursuant to the provisions of the Treaty of 1955, and the 1956 Canada-USA Labor Agreement, the two nations have agreed to accept the Arbitration for the purpose of settling the reported labor disputes that have arisen from the past and present operation of the two nations' border crossings. The Arbitration Board has thereby accepted the agreement in respondent's report 1395.

**Keywords:** child sexual abuse; disclosure; self-blame

DP  
ITANI, YAHIA Z.  
10520 ATLANTIC BLVD.  
JACKSONVILLE FL

| 13. ADDITIONAL CHANGES TO OFFICIALS AND THE CHAIRMAN |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| 1. Name                                              | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2. Title                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 3. Address                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 4. Phone                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5. Fax                                               | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 6. E-mail                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 7. Other                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 8. Signature                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 9. Date                                              | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 10. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 11. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 14. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 15. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 16. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 17. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 18. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 19. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 20. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 21. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 22. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 23. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 24. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 25. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 26. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 27. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 28. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 29. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 30. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 31. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 32. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 33. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 34. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 35. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 36. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 37. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 38. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 39. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 40. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 41. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 42. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 43. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 44. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 45. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 46. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 47. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 48. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 51. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 56. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 59. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 71. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 81. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 82. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 83. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 84. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 85. Date                                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 86. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 87. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 90. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 91. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 92. Signature                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 94. Initials                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 99. Other                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 100. Signature                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 101. Date                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 102. Initials                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 103. Other                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 104. Signature                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 106. Initials                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 108. Signature                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 109. Date                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 110. Initials                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 111. Other                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 112. Signature                                       | <input type="checkbox"/> Change                              |

[illegible]

**SIGNATURE:**

NUMERICAL AND SYMBOLIC HAND OF WRITING OFFICIAL OR OFFICE

✓4/26/95✓